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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10342

CERTIFICATE OF DEATH

10342

	1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived, i		befare admission)
	a. COUNTY	ALLEGANY	MARYLAND	a. STATE MARYLAND	b. COUNTY ALLE	EGANY
	b. CITY OR TOWN (If outside carparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, v	write RURAL and give no	earest town)
	WITTE KUKAL OIL	CUMBERLAND,	34 DAYS	CUMBERLAND, N	D.	01.1
50	d. NAME OF HOSPII	AL OR INSTITUTION (If not in ho MEMORIAL HOS	spital, give street address)	d. STREET ADDRESS 17 PA. AVE		e IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	First V I OL	A Middle	ARONHAL 4. DATE OF DEATH	Manth AUG	Day Year 67
	FEMALE	6. COLOR OR RACE 7. MA WH I TE WID	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In lost 1) 9. AGE (In lost	hdoy) Months Do	ays Haurs Min.
	10o. USUAL OCCUPATION during mast af warking Houses	life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Ownhome	11. BIRTHPLACE (County & State, ar fareign count GARRETT CO., MD	COLINI	IN OF WHAT
	13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
		LATHRUM		CHRISTINA GAUER		
	15. WAS DECEASED EVE (Yes, no, or unknown) No	R IN U.S. ARMED FORCES? (If yes give wor or dotes of service	16. SOCIAL SECURITY NO. 17. 217-10-6445 B M	EMORIAL HOSPITAL	Address CUMBERLA	AND, MD.
	18. CAUSE OF D PART I. DEA	EATH (Enter only one cause per I TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Chronic Conf	estive Heart Fait	ane	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony	, which gove) (h)	a ou end in	Det moeder ors		
	rise to immediate	e cause (a),	1.20	The same and the		
	last.	(c)				
2	PART II. OTHER SI	GNIFICANT CONDITIONS CONTRIBU	UTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	C LIE CITUED MATIEV	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II of item	18.)	
	20c. TIME OF INJ	JRY Month, Day, Yeor n. 19		ACE OF INJURY (Home, form, tary, street, affice bldg., etc.)	town) (County	y) (Stote)
	saw the d	fy that (I) (this haspital)	attended the deceased from	of death accurred ap 35 AM, fram c	auses and an the	, that (I) (we) las date stated abave
		william P	James M.	D. ATTENDING MED. STA		125/67
1	22c. PHYSICIAN'S NAME (Type	DR. WILLIA	MEP. LAMES	22d. ADDRESS CUMBERLAND, MD		
	23a. BURIAL, CREMATION REMOVAL (Specify Durial	8-27-67	23c. NAME OF CEMETERY OR St. Luke Cen	Cumber	land, Mary	ounty) (State)
8	24. FUNERAL DIRECTO	Scarpelli C	ADDRESS	250. RECID BY PEGISTRAP 1967	25b. REGISTRAR'S SIGN	ATURE INSE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furferold director, page 3 shauld be detached for use as the burial-transit permit. Then please remove tarban papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 10343 10343 death. and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ALLEGANY OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after hours after MARYLAND MARYLAND ALLEGANY b. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) CUMBERLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 28 DAYS LA VALE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM 6 Parkside Blvd. SACRED HEART HOSPITAL YES NO X and campletely fi remave carban 3. NAME OF First Middle Lost 4. DATE Month Dov Year DECEASED MARGARET JANE 08-AULD 08 (Type or print) DEATH 19 and in any even SEX 6. COLOR OR RACE IF UNDER 1 YEAR 1 IF UNDER 24 HRS 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years **NEVER MARRIED** lost birthdoy) Months Dovs Hours FEMALE WHITE 7-5-74 WIDOWED X DIVORCED 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT JNDUSTRY nome COUNTRY? WALES U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remayal, attending phy BENJAMIN ROBERTS ELIZABETH unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes no, or unknown) (If yes give wor or dates of service 194-40-9275 HOSPITAL RECORD SETON DRIVE, CUMB., MI -CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c), PART I. DEATH WAS CAUSED BY: -transit IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO burial Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse State Dept. of Health priar to has been the lost. SD 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO 20o. ACCIDENT WAS UNDERLYING 20b: DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 2Df. (City or town) (County) (Stote) TO FUNERAL DIRECTOR: After this Hour o.m. factory, street, office blda., etc.) Nat While ot work ot work 21. I certify that (1) (this hospital) attended the decoased fram saw the deceased alive an and that death accurred at M, from causes and an the date stated above. 22o. SIGNATURE DATE SIGNED MED. DIRECTOR STAFF PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S 55 Greene St. Cumberland. NAME (Type) 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) 8/11/67 Blossburg. Tioga. Arbon Cemetery 250. REC'D BY REGISTRAR 40 256. REGISTRAR SIGNATUR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 H. Wayne George Cumberland, Maryland

1 4-40-275 105P.TAL RECORD - SETON ORLVE, CUMS., N

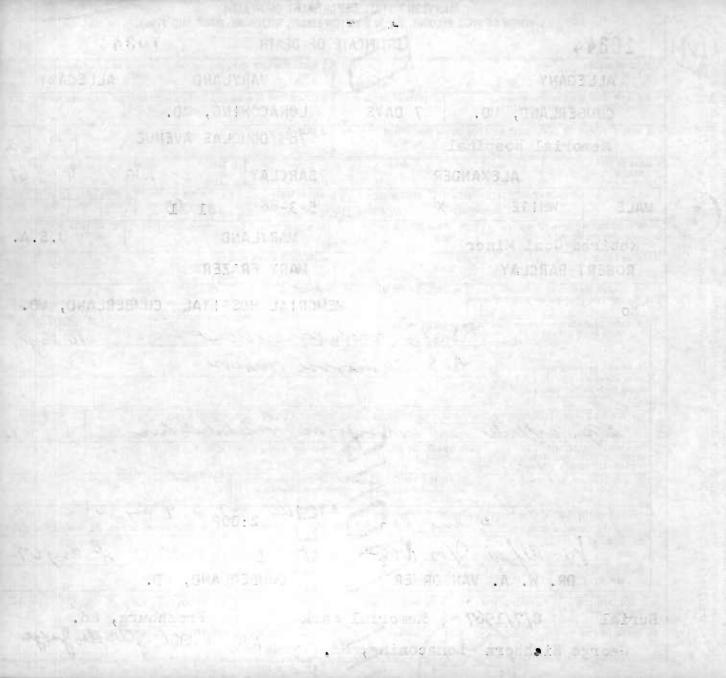
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10344 10344 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY ALLEGANY o. STATE b. COUNTY MARYLAND ALLEGANY ofter MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours write RUPA (MBERLAND) MD. DAYS LONACONING. MD. filled in E d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET APPRES DOUGLAS AVENUE e. IS RESIDENCE within 72 ON A FARM? Memorial Hospital NO A corbon 3. NAME OF Middle BARCLAY 4. DATE AUG Year completely DECEASED **ALEXANDER** OF 67 n any event, (Type or print) DEATH 6. COLOR OR RACE 9. AGE (In years 7. MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HRS **NEVER MARRIED** 5-3-86 MALE WHITE Months Hours WIDOWED DIVORCED T physicion ond control of physicion ond control of the physicion of the phy 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country)

MARYLAND 12. CITIZEN OF WHAT during most of working life, even if retired)

Retired Coal COUNTRY? U.S.A. INDIISTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol. MARY FRAZER ROBERT BARCLAY 1S. WAS DECEASED EVER IN ILS. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dates of service) MEMORIAL HOSPITAL CUMBERLAND, MD. No cremotion, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-tronsit IMMEDIATE CAUSE (o) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or ottending physicion. p DUE TO Conhorme disesse burial, Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse has been Dept. of Health prior to lost 00 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO Z this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work TO FUNERAL DIRECTOR: After 1967, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram 2 :00P 3 should with the ans. 1967, and that death accurred at saw the deceased alive an M, fram causes and on the date stated above 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** director, poge 3 should be filed v PHYS -DIRECTOR 22d. ADDRESS CUMBERLAND, MD. 22c PHYSICIAN'S VAN ORMER NAME (Type) DR. 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) 8/7/1967 Memorial Park Frostburg. Md. ADDRESS 24. FUNERAL DIRECTOR REGISTRAR 19672Sb. VR A15 (4) 25M 1/67 George Eighhogn Lonaconing, Md. DATE A



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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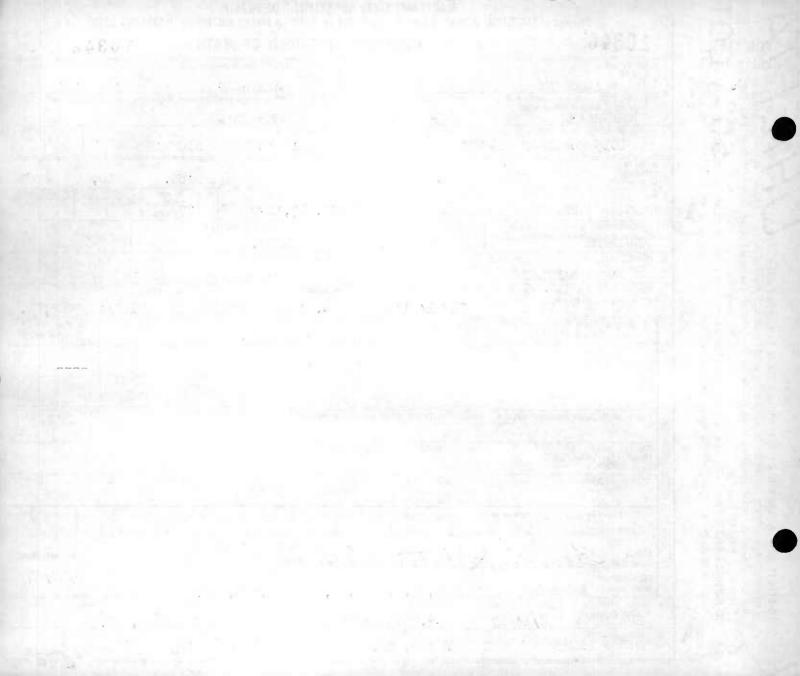
MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10345 FOR STATE HEALTH DEPAIL PLACE OF DEATH

a. COUNTY IEGANY USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MARYLAND b. COUNTY delay is and 3 ta Page ALLEGANEY MARYLAND b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) P.M3. CUMBERLAND CUMBERLAND e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS farm NO NO Item 18. Give Pages MEMORIAL HOSPITAL I50I FREDERICK ST along with NAME OF Middle 4. DATE Yeor DECEASED (Type or print) CHARLES DEATH IF UNDER 24 HE 6. COLOR OR RACE DATE OF BIRTH AGE 7. MARRIED NEVER MARRIED Months Days WIDOWED DIVORCED within 72 haurs after death DEC. 4 Ig95 / 12 WHITE 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? during most of working life even if retired) MASTER MECHANIC CONSTRUCTION = forwarded to the Chief Medical Examiner's CHATTANOOGA TENN

14. MOTHER'S MAIDEN NAME pencil 13. FATHER'S NAME be executed within J. SCOTT BARNETT ALBERTHA JANE SPONSLER ⊑ 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. ALBERTHA BARNETT CUMBERLAND. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY event Coronary Occlusion IMMEDIATE CAUSE (a). writing the word certificate shauld DUE TO Coronary Sclerosis Conditions, if any, which gave) rise ta immediate cause (a), DUE TO stoting the underlying cause pup SD 19. WAS AUTOPSY PERFORMED?
YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) or removal, CERTIFICATION execute the certificate, 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY ACCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING shauld CAUSE OF DEATH MEDICAL 20e. PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED (City or town) (County) 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Haur a.m. Not While may be retained far yaur FUNERAL DIRECTOR: Page at wark L at wark 2]. I certify that I task charge of the remains described above, held an Autapsy X, Inspection X, Inquiry X, and in my apinian Suicide . Natural causes X Accident . Hamicide Undetermined manner death resulted fram: funeral directar. CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER August 3, 1967 BENEDICT SKITARELIC, M.D. ealth | Address (Street, city, town, or coun cumberland, Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. 23b. DATE THEREOF (County) (State) 0 AUG. 6 1967 HILLCREST BURIAL PARK CUMBERLAND ALLEGANY MD. 25b. REGISTRAR'S SIGNATU 2Sg. REC'D BY REGISTRAR ADDRESS VR A15ME (5 DATE AUG CUMBERLAND MD.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10346 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 10346 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 2, and 3 to PM3. Page dect. o. COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND MARYLAND ALLEGANY Deportment b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) offer 35 YEARS CUMBERLAND CUMBERTAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE form hours ON A FARM? 1015 McMULLAN HIGHWAY 1015 McMULLAN HIGHWAY in Item 18. Give Poges YES 🗍 NO A ofter death. Office olong with 3. NAME OF Middle First 4 DATE Lost Month Doy Year within 72 DECEASED JOHN J. BARTLETT AUG. 10, 67 (Type or print) 19 DEATH ond2with IF UNDER 1 YEAR S. SEX AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED B. DATE OF BIRTH NEVER MARRIED lost birthdoy) Months Dovs Hours WHITE MALE X FEB. 17,1890 24 hours WIDOWED DIVORCED event 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (Stote or foreign country) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT INDUSTRY ILROAD COUNTRY? PENNA. Chief Medical Examiner's pages In any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil be executed within JAMES BARTLETT pup JEAN WILSON IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give war or dates of service) removal 716 14 1185 MRS. ALICE SENCINDIVER WILLIAMSPORT, MD. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-transit STIDDEN DEATH CORONARY OCCLUSION cremation, or IMMEDIATE CAUSE (o) This certificate should Word DUE TO CORONARY SCLEROSIS Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse SO burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? please execute the certificate, YES NO ogent, prior to 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 1B.) PRIMARY Or CONTRIBUTING STAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not While moy be retained for your FUNERAL DIRECTOR: Poge ot work ot work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X, Inquiry X and in my apinian death resulted fram: Natural causes XX. Accident Suicide . Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER X 8/10/67 0 **EXAMINER'S** Heolth BENEDICT SKITARELIC, M.D. RT. 9. CITAINTERNITY TOWNTON COUNTY) NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) (Stote) 0 8/14/67 ST.PETER & PAUL CEMETERY CUMBERLAND. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR BYRON KIGHT Milarles CUMBERLAND, MD. VR A15ME AUG 14 1967 6M 1/66



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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10348 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Allegany o. STATE b. COUNTY 2, ond 3 to PM3. Poge Maruland Alleganu MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 Deportme write RURAL and give nearest tawn) Cumberland. ofter Cresantown. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Office along with form Hours Craddock Rd. Sacred Heart Hosp. D. O. A. YES NO IX Item 18. Give Poges ote 24 hours after deoth. NAME OF Middle Lost 4 DATE Month Dov Yeor DECEASED Reatha Bridges Leona August 29 19 67 LIL (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED birthdoy) Months Dovs Female. White. WIDOWED DIVORCED May 4, 1919 and 2 event 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY **JNDUSTRY** Ackerman, Allegany. Md. ONV Own home the certificate, writing the word "pending" in pencil in 4 should be forwarded to the Chief Medical Exominer's 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME This certificate should be executed within _= Vance C. Lease Mary L. Shook puo WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Md. Address (Yes, no, or unknown) (If yes give war ar dotes of service) removal, Mr. Allen M. Bridges, Craddock Rd. Cresaptown None. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION 0 IMMEDIATE CAUSE (o) cremation, DHE TO Conditions, if ony, which gove CORONARY SCLEROSIS rise to immediate couse (a). DUF TO stoting the underlying couse 05 burial, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X YES Health or its designated ogent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port 11 of item 1B.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (State) Not While foctory, street, office bldg., etc.) Inspection X. 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry X and in my opinion Natural causes XX Accident Suicide . Hamicide Undetermined monner the funerol director. death resulted fram: CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATI DEPUTY MEDICAL EXAMINER X AUGUST 29. 1967 **EXAMINER'S** BENEDICT SKITARELIC, M.D. Address (Street, city, town, or counGUMBERLAND, MARYLAND NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, 0 BULLAL (Specify) 9/1/67 Md. Lease Cemetery Cresaptown. Allegany 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR VR A15ME (5) H. Wayne George Cumberland, Md.

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DIVISION OF VITAL RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10349 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY delay is and 3 to Page Allegany Allegany MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn)

Cumberland c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in e IS RESIDENCE ON A FARM? d. STREET ADDRESS Medical Examiner's Office alang with farm 102 Bedford Street NO Y in Item 18. Give Pages be executed within 24 haurs after death. 3. NAME OF 4. DATE DECEASED (Type or print) George Buttons DEATH August IF UNDER 1 YEAR 19**67** IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years NEVER MARRIED 70st birthdoy) Months WIDOWED DIVORCED within 72 haurs after death White Male 10o. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) 11. BIRTHPLACE (Stote or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT INDUSTRY US.A. Cumberland. Md. Retired pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO 17 INFORMANT Address INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) be farwarded to the Chief PART I. DEATH WAS CAUSED BY: Hemopericardium event MELLINE DEATH IMMEDIATE CAUSE (o) MEDICAL EXAMINER: This certificate shauld writing the ward DUE TO in any Rupture of Dissecting Aneurysm Conditions, if ony, which gave rise to immediate couse (o). DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? cremation, ar removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) execute the certificate, NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. of work ot work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection XX Inquiry V. and in my apinian death resulted fram: Suicide | Hamicide Undetermined manner Natural causes X Accident funeral directar. 5 may be retaine TO FUNERAL DIRE Health prior ta b CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER (DEPUTY MEDICAL EXAMINER August **FXAMINER'S** BENEDICT SKITARELIC, M.D. Address (Street, city, town, or county) NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Sunset Memorial Park Cumberland, Md. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 1967 6M 1/67 STEIN FUNERAL HOME

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL DECORDS 201 W DESTAN STREET PAITIMORE MARVIAND 21201

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Page O FUN direct shoul			REMOYAL (Specify)	26 AUG	. 67	UNION GR	OVE	CEMETERY	RFD	3 CUMBERI	AND AL	LEGANY MD.
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24. FUNERAL DIRECTOR H. LEE. SILCOX

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DI. R. J. WHILIWIS COMBERLAND, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10352 10352 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY ALLEGANY ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

CUMBERLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DAYS CUMBERLAND. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? SACRED HEART HOSPITAL 535 CUMBERLAND ST. YES NO X 3. NAME OF Middle Last 4. DATE Month Dov Year DECEASED COOK **AUGUST** GEORGE Clauson 13 67 (Type or print) DEATH AGE (In years last birthdoy) S. SEX B. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remove WHITE MALE WIDOWED DIVORCED | 4-28-87 buriol, cremotion, or remayol, and in ony 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? **INDUSTRY** RETIRED -BANK VICE BANKING HYNDMAN, PENNA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME . . AMANDA (Clausen) COOK JAMES H. COOK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war ar dotes af service) 214-05-4160 HOSP. RECORD 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
CYSTO -PYEL ITIS INTERVAL BETWEEN signed by the buriol-transit LONSWIE MENORATH IMMEDIATE CAUSE (o) DUE TO STATUS AFTER CVA 14 MOS Canditians, if any, which gave rise to immediate couse (o), DUE TO ACVD stating the underlying cause 24 MOS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS)
PERFORMED? State Dept. of Health NO HYPERTROPHY OF PROSTATE, BENIGN 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) Not While foctory, street, affice bldg., etc.) ot work 21. I certify that (I) (this hospital) attended the deceased from 3 - 24, 1953 ta 8 - 13, 1967, that (I) (we) last saw the deceased alive an 1967, and that death accurred at 10 P M, from causes and on the date stated above. saw the deceased alive an 22b. DATE SIGNED 8-14=67 22a. SIGNATURE ATTENDING MED. DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) RALPH BALLIN, M.D. 62 GREENE KST., CUMBERLAND, MD. 21502 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 23a. BURIAL, CREMATION REMOVAL (Specify) 8/16/67 Cumberland Allegany Maryland Rosehill Cemetery 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 1967 AUG Ochania H. Lee Silcox Cumberland, Maryland 21502 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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PHYSIC ne haspi this certi etached Dept. at	MEDICAL	20c. TIME OF INJU	RY Month, Doy, Year	20d. IN While	JURY OCCURRED Not While		CE OF INJURY (Home, far ory, street, office bldg., et		or town)	(County) (S	Stote)
D = 1 D 0	W	p.m	1. 19	ot work	of work						
NDIN ad by After d be e Star		21. I certif	y that (I) (this has	oital) attend	led the deceased	fram 2	Ofuly.	1967 to_	2 July	1927, that (1) (4	ve) last
OR: OR: Noull			ceased alive an	1 July	19610	nd that	death accurred a	it & M, tra		an the date stated	abave.
R A retorned street	Н	220. SIGNATURE	2/5/	811	1/1/-	o auf	ATTENDING [7]	MED.	STAFF	ZO. DATE SIGNED	
ral or		22c. PHÝSICIAN'S	redor	011/1	venie	1	PHYS. 22d, ADDRESS	-DIKECTOR L	PHYS.		
SPITAL 4 may IERAL ar, pay d be fi		NAME (Type)	DR. MIL	TENBEG	ER		N. Carrier				
	230	. BURIAL, (REMATIO		REOF	23c. NAME OF CEME	TERY OR	CREMATORY	23d. LOCATIO	N (City or Town)		ote)
Page 4 O FUN directe should		REMOVAL (Specify)	Aug. 2	4,1967	Family C	em.	Knobley, W	. Wirginia	a	Mineral C	0 .
	24	. FUNERAL DIRECTO			ADDRESS imberland,			O IN RESISTANCE		AR S HIGHARDE	
VR A15 (4) 25M 1/67		James 1	. Scarper	11, 00	mberrand,	PICE 4	DATE	0 .4 0 1001		0 0	

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Pages 1 and 2

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within 24 hours ofter deoth.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached far use os the buriol-transit permit. Then pleose remove carbon gapers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital or attending physicion.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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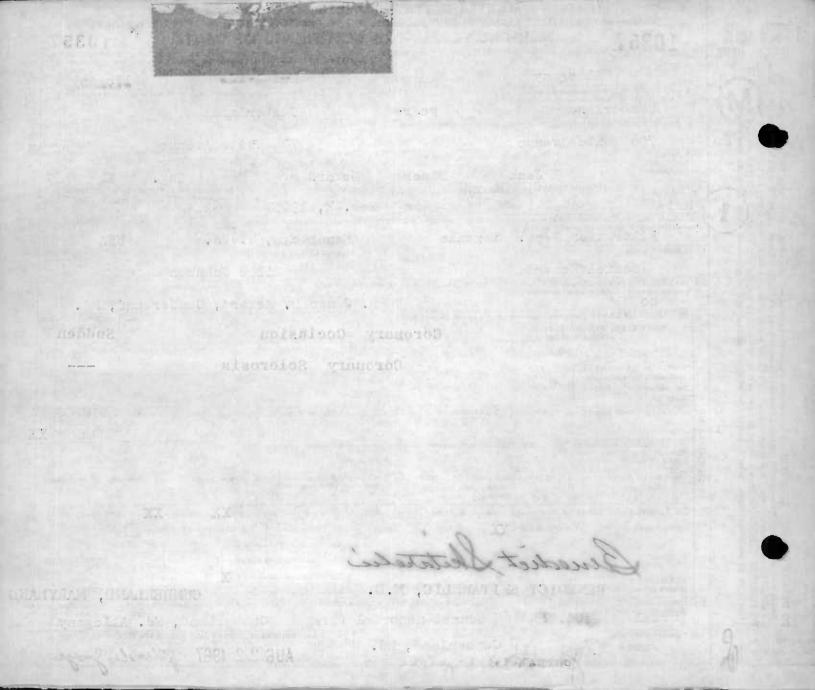
CERTIFICATE OF DEATH

Same?		7000		42.11.11.0					
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50		b. CITY OR TOWN (I write RURAL and	f outside corporote limits, give nearest town) CUMBERLAND	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) CUMBERLAND			
		d. NAME OF HOSPITA	MEMORIAL H	, , ,	d. STREET ADDRESS	1 HARRISON S	TREET e. IS RESIDENCE ON A FARM? YES NO		
		NAME OF DECEASED (Type or print)	JAMES First	Middle CLARK	DICKEN		IGUST 5, 1967		
		SEX MALE	WILLIAM	MARRIED NEVER MARRIED UNIONED DIVORCED	B. DATE OF BIRTH 11-26-1	9. AGE (In yeors lost bis idoy) yrs.	Months Doys Hours Min.		
	dur	ing most of working I		10b. KIND OF BUSINESS OR INDUSTRY	REWERY CU	unty & Stote, or foreign country) IMBERLAND, MD	12. CITIZEN OF WHAT COUNTRY? USA		
	13.	FATHER'S NAME EWING D			14. MUTHER'S MAID	DEN NAME			
	15.	WAS DECEASED EVEL	R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	MYRTLE 17. INFORMANT	REED	dress MD.		
	(Y e	es, no, or unknown) NO	(If yes give wor or dotes of serv	vice) 2217-10-556	6 ME	MORIAL HOSPI	TAL, CUMBERLAND.		
		18. CAUSE OF DE PART I. DEAT 4201	ATH (Enter only one couse pe H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	er line for (o), (b), and (c).)	ardial c	Defantion	INTERVAL BETWEEN ONSET AND DEATH		
		Conditions, if ony, rise to immediate storing the under last.	e couse (o),	/		,			
2	CATION	PART II. OTHER SIG	ENFICANT CONDITIONS CONTRI	RIBUTING TO DEATH BUT NOT RELATED		CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES \(\sqrt{NO} \) NO		
	MEDICAL CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	☐ CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury	in Port I or Port II of item 1B.)			
		20c, TIME OF INJU Hour 'o.m	10	20d INJURY OCCURRED While Not While at work ot work	PLACE OF INJURY (Home, foctory, street, office bldg.,		(County) (Stote)		
		that (I) (we) last and an the date stated obave.							
		220. SIGNATURE HOLLING MED. STAFF 22b. DATE SIGNED M.D. PHYS. DIRECTOR PHYS. \$17/67							
1	22c. PHYSICIAN'S NAME (Type) DR. I. DROSS 22d. ADDRESS CUMBERLAND, MARYLAND								
V	230	BURIAL, CREMATIO REMOVAL (Specify) BURIAL				23d. LOCATION (City or 1			
X	24	BURLAL I. FUNERAL DIRECTOR		L967 SUNSET MEN ADDRESS	MORTAL PARK 250. F	REC'D BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE		
1		H. LEE	SILCOX 404 DE	ECATUR STREET. CL	JMBERIAND DATE	AUG 9 1967	Marles Judge		

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MARYLAND STATE DEPARTMENT OF BEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10357 FAITH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decested lived, It institution: Residence before admission) a. COUNTY B. LOUNTY? Allegany MARYLAND Allegany b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cumberland vears Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddrass) d. STREET ADDRESS e. IS RESIDENC ON A FARM? 708 White Avenue White Avenue YES NO T 3. NAME OF Middle 4. DATE Month Dev DECEASED (Type or print) Jack DEATH Elmer Eckard 1967 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 3 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months ive Pages 1, 2, and PM3. Page 5 m Male White WIDOWED T DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working lifa, avan if retirad) Filtration Dept. Textile Hendricks, W. Va. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give Daniel Eckard Lille Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) no Mr. James D. Eckard, Cumberland, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. Occlusion Coronary " in pencil Office ald IMMEDIATE CAUSE (a) DUE TO Coronary Sclerosis Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the undarlying causa last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY writing the word e Chief Medical F Page 3 should be PERFORMED? YES NO XX 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dev. Yeer 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Whila Not While p.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection XX Inquiry XX and in my opinion death resulted from: Natural causes XX Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER lease execution should be for PUNERAL 1 ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER ö EXAMINER'S NAME (Type) BENEDICT SKITARELIC, M.D. Addrass (Straet, city, town, or county) CUMBERLAND. 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Burial **540** Sunset Memorial Park Cumberland, Md. Allegany 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR A15ME umberland, Md. James F 5M 1/62



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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The Co	•	
ne death certificate be executed within 24 haurs (the death.	attending physician and campletely filled in by the torreral	ermit. Then please remave carban papers. Pages 1 and 2
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burial-transit signed by burial, ar attending D. O HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the hospital TO FUNERAL DIRECTOR: After , page be filed directar, shauld b VR A15 (4) 25M 1/67

OR ATTENDING PHYSICIAN: The law requires that

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) FROSTBURG 27 HRS. FROSTBURG e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS MINERS HOSPITAL 57 FROST AVENUE NO X YES NAME OF First Middle 4. DATE Doy Year DECEASED UPTON B. F. **EDWARDS** AUGUST 5, 67 19 (Type or print) DEATH IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS **NEVER MARRIED** dost birthday) Hours MALE WHITE MAY 13, 1875 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BENJAMIN O. EDWARDS EMMA J. DAWSON Address 57 FROST AVE.. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give war ar dates of service 213-01-5940 MRS. JOSEPH DURST, FROSTBURG, MD. 1B. CAUSE OF DEATH (Enter only one cause per line far (o) (b), and (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO K 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) Hour o.m. factory, street, office bldg., etc.) at wark at Wark 196 7 that (1) (we) last 19 6 2 to 21. I certify that (1) (this hospital) attended the deceased fram 1967, and that death occurred at 2:20 M, from causes and on the date stated above. saw the deceased alive an_ 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED.
DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S MARTIN ROTHSTEIN, M. D. 48 BROADWAY, FROSTBURG, MD. NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BURIAL (Specify) FBG. MEMORIAL PARK FROSTBURG, MD. AUG. 25b REGISTRARY SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25g, REC'D BY REGISTRAR 1967 AUG JOSEPH R. DURST, SR., FROSTBURG, MD.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10360 10360 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND MARYLAND ALLEGANY b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 14 DAYS CUMBERLAND, MD. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? SACRED HEART HOSPITAL 850 SPERRY TERRACE NO X NAME OF First Middle 4. DATE carbon Month Year DECEASED GEORGE ERLING AUGUST JOHN 19 67 19 (Type or print) DEATH IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. NEVER MARRIED last birthdoy) MALE WHITE WIDOWED DIVORCED 6-2-88 10o. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life even if retired I GERATION SELF attending physician permit. Then please .S.A. GERMANY, Marne 13. FATHER'S NAME & Scales sales 14. MOTHER'S MAIDEN NAME equipment burial, crematian, or removol. Kristina Warkers Mathias Erling 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. . Helen Erling Add 550 Sperry Terrace (Yes, no or unknown) (If yes give war or dates af service) 467-09-7680 Cumberland. 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY home bosis ONSET AND DEATH ? IMMEDIATE CAUSE (a) signed l DUE TO Conditions, if ony, which gave artenoulous rise ta immediate cause (a), DUE TO stoting the underlying couse 0 hos PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? heart desease NO YES certificote 10 20g. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF OF ATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar town) (Caunty) (Stote) factory, street, affice bldg., etc.) Not While 1967, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram. and that death accurred at 12 50 M, fram causes and an the date stated above. saw the deceased alive an 3/19 22a. SIGNATURE 22b. DATE STGNED DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS O FUNERAL NAME (Type) DR. S. G. WEISMAN GREENE ST., CUMB., MD., 21502 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (Stote) BREMOYAL (Specify) 8/22/67 Cumberland, Allegany
REGISTRAR | 25b. REGISTRAR'S SIGNATURE Hillcrest Burial Park Md. 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 H. Wayne George Cumberland, Maryland victioneles

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detoched far use os the buriol-tronsit permit. Then pleose remove carbon papers. Pages 1 and should be filed with the State Dept. of Heolth priar to burial, cremation, or removal, and in any event, within 72 hours ofter death

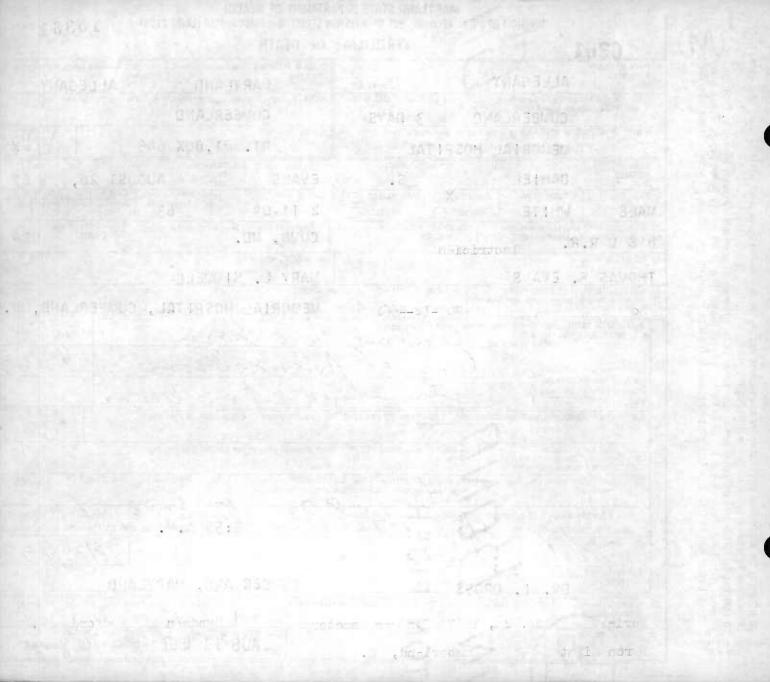
10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

Poge 4 may be retained by the hospital or ottending physicion.

VR A15 (4) 25M 1/67

CERTIFICATE OF DEATH

	1930	A	CERTIFICA	Z OI DZMIII		
1.	PLACE OF DEATH		Name of the second		Where deceosed lived, if institution	
	o. COUNTY	ALLEGANY	MARYLAND	o. STATE	SYLAND b. COUNTY	ALLEGANY
	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	itside corporote limits, write RURA	
	write RURAL and	give negrest town) CUMBERLAND	3 DAYS	CUN	MBERLAND	01.1
		AL OR INSTITUTION (If not in ho		d. STREET ADDRESS		e. IS RESIDENCE
		MEMORIAL H	OSPITAL	RT.	#1,BOX 646	ON A FARM? YES NO
3.	NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Doy Year
	(Type or print)	DANIEL	S.	EVANS	OF AUGU	JST 26, 19 67
S.	SEX	6. COLOR OR RACE 7. MA	ARRIEDX NEVER MARRIED	8. DATE OF 81RTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
1	VALE	WHITE WIE	DOWED DIVORCED	2-11-04	lost birthdoy) O 3yrs.	Months Doys Hours Min.
	o. USUAL OCCUPATION	(Give kind of work done life even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	CUMB, ME	& Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S NAME	PIECULA		14. MOTHER'S MAIDEN I	NAME	
	THOMAS I	EVANS		MARY L.	KIMMELL	
15	. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17	INFORMANT	Address	
(1	es, no, or unknown)	(If yes give wor or dotes of service	705-12-5661	MEMORIAL	HOSPITAL. C	UMBERLAND, MD.
F	18. CAUSE OF D	EATH (Enter only one couse per		77	1	INTERVAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cerebral	Myoni	hosis	ONSET AND DEATH
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	Conditions, if ony		Cerebrat	Attendo	cloros	1 mic
	rise to immediate		00,01	· dal	6 . 0	1
	last.) (c)	The war	gen are	nocho	27
NOIL	PART II. OTHER SI	GNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
FICA	20o. ACCIDENT WA	S LINDERLYING C	20b. DESCRIBE HOW INJURY OCCURRE	D (Enter noture of injury in	Port Lor Port II of item 18)	163 140
CERTIFICATION	OR CONTRIBUTING	☐ CAUSE OF DEATH	200. DESCRIBE HOW MOOK! OCCORNE	b. (Enter notore or injury an	TOTT TOTT TO THE IT TO .,	
		MEDICAL EXAMINER) JRY Month, Doy, Yeor	20d. INJURY OCCURRED 20e. F	PLACE OF INJURY (Home, form	n. 20f. (City or town)	(County) (Stote)
MEDICAL	Hour o.i	n.	While Not While f	octory, street, office bldg., etc.		(
	21 1 corti	11.	at work of work of attended the deceased from	8-23	907 10 8-26	1967, that (I) (we) las
		eceased alive on				nd an the date stated obave
	220. SIGNATURE	A Constitution of the cons)			22b. DATE/SIGNED
	/	(C. 1)	200	M.D. ATTENDING PHYS.	MED. DIRECTOR PHYS.	8/24/67
	22c. PHYSICIAN'S NAME (Type	DR. I. DRO	SS -	22d. ADDRESS CUMBER	LAND, MARYLA	IND
23	a. 8URIAL, CREMATIO		23c. NAME OF CEMETERY C	OR CREMATORY .	23d. LOCATION (City or Town	n) (County) (Stote)
	REMOVAL (Specify Burial	Aug. 28. 1	967 Hyndman Cem	etery	Hyndman	Bedford Po.
2	4. FUNERAL DIRECTO		ADDRESS	2So. REC'I	D 8Y REGISTRAR2Sb. REGI	ISTRAR'S SIGNATURE
	Byron Ki	ght (Cumberland, Md.	DATE AL	16 3 1 1961 /	marles Judge
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10362 10362 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Allegany b. COUNTY death. Maruland MARYIAND delay rtment b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)

Cumberland C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Cumberland. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? in Item 18. Give Pages 1, r's Office alang with farm Memorial Hosp 1416 River Ave. YES NO X 24 haurs after death. 3. NAME OF First Middle Year DECEASED Robert Alexander Forbock 20 within 19 67 (Type or print) DEATH August S. SEX IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lost birthdoy) Months Malo White July 2. 1886 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Building COUNTRY? in any Cumberland, Maryland
14. MOTHER'S MAIDEN NAME Ret. carpenter
13. FATHER'S NAME be executed within Frank Forbeck Lucinda Stat and 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17 INFORMANT 16. SOCIAL SECURITY NO. Address remayal. Mr. Joseph F. Forbeck 212-18-1255 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY LOBAR PNEUMONIA: FATTY EMBOLI 0 IMMEDIATE CAUSE (o) certificate should crematian, DUE TO Conditions, if any, which gove FRACTURE OF RIGHT HIP 51 Days rise to immediate couse (a). DUE TO stoting the underlying couse SID burial, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Coronary Sclerosis: Generalized Arteriosclerosis YES NO NO 0 prior 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 3 shauld PRIMARY Tor CONTRIBUTING Fell after leaving toilet when returning to his bed. CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED 🥏 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year While of work Not While of work of work Not While of work Not While of work of FUNERAL DIRECTOR: Page 1967 Cumberland, Allegany, Maryland 21. I certify that I took charge of the remains described above, held on Autopsy [47], Inspection Inquiry II. ond in my opinion deoth resulted from: Notural couses . Accident . Suicide . Homicide Undetermined monner funeral directar. CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 20, 1967 DEPUTY MEDICAL FXAMINER AUGUST Health ar EXAMINER'S BENEDICT SKITARELIC. NAME (Type) Address (Street, city, town, or council mberland, Maryland 23o. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 2 REMOVAL (Specify) nr. Cumberland, Allegany Md. 8/23/67 Mt. Herman Cemetery ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME DATAUG 2 3 1967 Milanes H. Wayne: George Cumberland, Md.

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1	Item 20b Film 392 8-23-6MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		363
HEALTH DEAT	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence	e before odmission) legany
Try delay is 2, and 3 to PM3. Page	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland c. CITY OR TOWN (If outside corporate limits, write RURAL and give Cumberland	nearest town)
farm P farm P farm P P P P P P P P P P P P P P P P P P P	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	o. IS RESIDENCE ON A FARM? YES NO
after death. If a GiverPages 1, alang with farm with the State De	3. NAME OF First Middle Last 4. DATE Month	Doy Year
after alang with th	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lift UNDER 1	12 19 67 YEAR IF UNDER 24 HRS Doys Hours Min.
4 haurs I tem 1 s Office 1 and 2 ter death	10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITI	ZEN OF WHAT
within 2 pencil ir caminer' le pages hours af	13. FATHER'S NAME Harry R. Hall Belle Barkman	
cuted in dical Extra file.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT John F. Goss, Kimberton, Pa.—Son	n
e shauld be executed within 24 haurs after death. If any delay the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the Chief Medical Examiner's Office alang with farm PM3. Pa burial-transit permit. File pages 1 and 2 with the Stare Department in any event within 72 hours after death.	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Maceration of Brain	ONSET AND DEATH
ER: This certificate shauld be executed within 24 haurs after death. If certificate, writing the ward "pending" in pencil in Item 18. Give Pages, auld be farwarded to the Chief Medical Examiner's Office along with farmes. es. had be used as a burial-transit permit. File pages 1 and 2 with the Starte En, are remayal, and in any event within 72 hours after death.	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause (c)	4 days
WINER: This certificate the certificate, writing the standard be farwarded triples. 3 Shauld be used as a stian, ar remaval, and in action, ar remaval, and in	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES X NO
<u> </u>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) PRIMARY AND CONTRIBUTING Passenger in auto involved in accident.	
vecute the Page 4 sh far yaur fill OR: Page 3 s al, crematia	CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, forth, street, office bldg., etc.) 4 Dou't Hour o.m. While of work in the control of the	
O DEPUTY MEDICAL INCRESSION PLACES OF The funeral directors of Funeral D	ACTUAL SIGNATURE	22. DATE SIGNED 2, 1967
	230. BURIAL, CREMATION, BREMOVAL (Specify) Aug.14,1967 Rest Lawn Momorial Garden La Vale. Md.	(County) (Stote) Allegany GNATURE
VR A15ME (5) 6M 1/67	James F. Scarpelli, Cumberland, Md. 250. REC'D BY REGISTRAR 250 REC'D BY REG'D BY REGISTRAR 250 REC'D BY R) Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10364 CERTIFICATE OF DEATH 10364 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY ALLEGANY LEGANY MARYLAND after MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) papers. 1 write RURAL and give menet town AND 6WKS 4DAMS BARTON .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS within 72 ON A FARM? efely filled MEMORIAL HOSPITAL ROUTE NO X PHYSICIAN: The law requires that the death certificate be executed within, 3. NAME OF Middle 4 DATE Last Year DECEASED GREEN CLARENCE R. 1967 AUGUST (Type ar print) DEATH 6. COLOR OR RACE AGE (In years last hirthday) yrs. SEX 7. MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED cam 3-18-85 Haurs WHITE MALE inony WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of warking life, even if retired)
RETIRED COUNTRY? USA MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, GUNNY MCMULLEN FRANK GREEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates af service a MEMORIAL HOSPITAL, CUMBERLAND, MD. cremation, 18. CAUSE OF DEATH (Enter only one cause per line for (a)-(b), and (c)) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) þ DUE TO signed burial, Canditians, if any, which gave rise to immediate cause (a), DUF TO stating the underlying cause be retained by the hospital or ottending this certificate hos been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (County) (State) Haur a.m. factory, street, affice bldg., etc.) Nat While 19 at wark at wark 21. I certify that (I) (this haspital) attended the deceased fram 196 / ta and that death accurred at 3:40 A from causes and an the date stated above FUNERAL DIRECTOR: saw the deceased alive an_ 22a. SIGNATURE 22b. DATE SJØNED director, page 3 should be filed DIRECTOR PHYS. PHYS 22d CUMBERLAND, MARYLAND 22c. PHYSICIAN'S Page 4 may b DR. WEISMAN NAME (Type) 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify) Laurel Hill 8/21/67 Moscow Mills Md. 2 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Westernport, Md.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10366 10366 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STAWaryland o. COUNTY b. COUNTY Allegany MARYLAND c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b carbon papers. Pa ent, within 72 hours Lonaconing the attending physician and campletety filled in by sit permit. Then please remays carbon lapers. P Lonaconing d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCI ON A FARM? 90 Kyle Nurseing Home YES NO 3. NAME OF Middle First Last 4. DATE Manth Day Year DECEASED HADLEY HELEN 8/27/1967 M 19 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED please remayé 62 yrs. Manths Doys Hours Female White WIDOWED DIVORCED Oct.6th. 1904 1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

Housewife INDUSTRY COUNTRY? Lonaconing , Md. 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME John Miller Eva Williams WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, na, or unknawn) (If yes give wor ar dotes af service) Casper Hadley Lonaconing, Md. None crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Husband INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Canditions, if any, which gove rise ta immediate cause (a), **DUE TO** stating the underlying couse Page 4 may be retained by the haspital ar attending as the TO FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? use far use Health NO YES 2Do. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Doy, Year Hour o.m. 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) Not While factory, street, office bldg., etc.) ot work ot work 21. I certify that (I) (this haspital) attended the deceased fram NOU. , 1966, to Clug 27, 1967, that (1) (ve) last 2 2-1967, and that death occurred of_ M, fram causes and on the date stated obove saw the deceased alive on_ 22b. DATE SIGNED 22o. SIGNATURI ATTENDING 38.6 M.D. PHYS. DIRECTOR PHYS. directar, page 3 shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Toyen) 23b. DATE THEREOF 23a. BURIAL, CREMATION (Caunty) (State) REMOVAL (Specify) Memorial Park Frosthurg. 8/30/1967 PATE AUG 2 9 1967 25b. AEGISTRAR'S SIGN 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 George Eichhorn Lonaconing, Md

ed 100 - 000 (100) AND THE RESERVE OF THE PROPERTY OF THE SECOND OF THE SECON manufacture to the second Name Laborator Protition to Infran The particular and the second

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10367 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAKE 10367 HEALTH DE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY Allegany W. Virginia delay is and 3 to M3. Page b. COUNTY MARYLAND Mineral c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits, pup 2, and PM3. Cumberland, Md. 5hrs Ridgelev d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE farm ON A FARM? in pencil in Item 18. Give Pages 1, Memorial Hospital 12 Second Street NO F YES DICAL EXAMINER: This certificate should be executed within 24 haurs after death. 3. NAME OF Middle DATE First Lost Month Day Year DECEASED 1967 Willa Virginia Harness (Type or print) DEATH August IF UNDER 24 HRS. 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months birthdoy) Dovs Hours death. 28, 1911 Tal DIVORCED May WIDOWED Office . and 2 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) COUNTRY? INDUSTRY extile haurs after Ind. Cumberland, Maryland Medical Examiner's 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME William V. Giles Nora McElwee 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, po, ar unknown) (If yes give war ar dates of service event within Carter M. Harness 12 2nd St Ridgeley WV: INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART 1. DEATH WAS CAUSED BY: Cerebral Hemorrrhage the Chief I burial-transit IMMEDIATE CAUSE (a) please execute the certificate, writing the word I directar. Page 4 should be farwarded to the Ch DUF TO Hypertensive Cardiovascular any Conditions, if ony, which gove Disease rise to immediate couse (a), Ξ DUF TO stoting the underlying couse 0 and SD remaval, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO PC 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 3 should PRIMARY C or CONTRIBUTING 0 CAUSE OF DEATH crematian, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour a.m. Nat While at work factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page at wark 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection (3c) Inquiry x and in my opinian Natural causes Accident Suicide Homicide Undetermined manner the funeral directar. deoth resulted from: be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIG NATURE August DEPUTY MEDICAL EXAMINER Skitarelic, M.D Benedict Health NAME (Type) Address (Street, city, town, or county) Cumberland, Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) 23a. BURIAL CREMATION. 0 Bur La (Specify) 8-28-67 Sunset Memorial Cumberland AUG 3 0 1967 24. FUNERAL DIRECTOR VR A15ME (5) Scarpelli Cumberland, Md. 6M 1/67

980 Marie Control of the . St. Land Company of the St. March 1981 (1981) MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CENTIFICATE OF DEATH

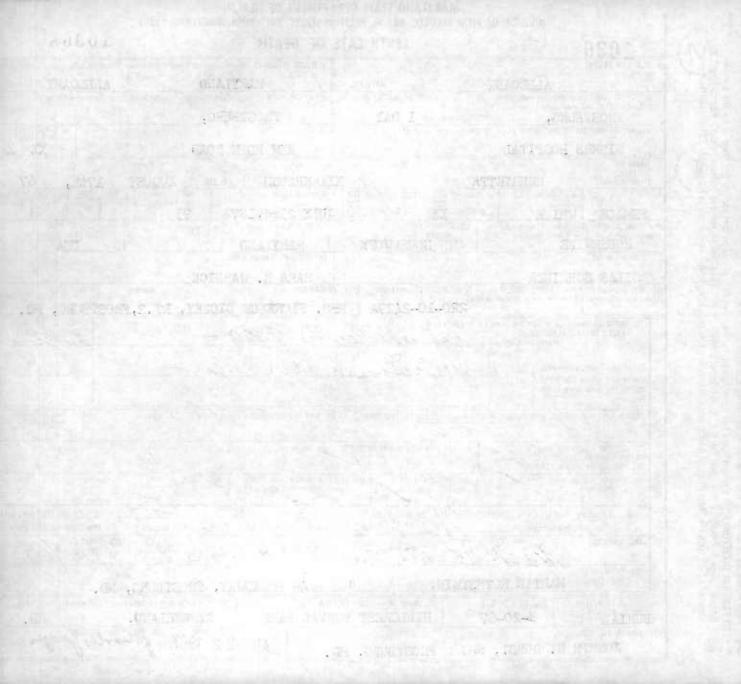
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1036	18		CEKIIF	ICAIL	OF DEATH		.1. (0000	
I. PLACE OF DEATH						Vhere deceosed lived, if insti		ce before adi	mission)
o. COUNTY	ALLEGAN	Y	MARY	LAND	o. STATE	RYLAND b. CC	AL	LEGAN	Y
b. CITY OR TOWN	(If outside corporate limits	,	c. LENGTH OF STAY IN	N 1b	c. CITY OR TOWN (If ou	tside corporote limits, write	RURAL ond give	neorest tov	wn)
	nd give nearest town) TBURG.		1 DAY		FROS	TBURG.		01.1	
	ITAL OR INSTITUTION (If no	ot in hospitol, g	ive street oddress)		d. STREET ADDRESS			e. IS	RESIDENCE
MINE	RS HOSPITAL				NEW HO	PE ROAD			N A FARM?
B. NAME OF DECEASED	Fir	rst	Middle		Lost	4. DATE M	onth	Doy	Year
(Type or print)	HENRIE	TTA		HI	XENBAUGH	DEATH AUGI		7th.	1967
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH	9. AGE (In years lost birthdoy)			UNDER 24 HRS. aurs Min.
FEMALE	WHITE	WIDOWED	DIVORCED		ULY 23rd, 18	374 93 yrs		0043	1013 11111.
Oa. USUAL OCCUPATIO	ON (Give kind af wark dane		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	& Stote, or foreign country)		IIZEN OF WH UNTRY?	AT
HOUSE	g life, even if retired)	OW	HOUSEWOR	K	MARYLANI		(0)	USA	
3. FATHER'S NAME		HITT			14. MOTHER'S MAIDEN N				
STIAS S	SCHRIBER			- 76	SARA E. V	JARNTCK			
IS. WAS DECEASED E	VER IN U.S. ARMED FORCES?		OCIAL SECURITY NO.	17. IN	IFORMANT		ldress		
(Yes, no, or unknown	(If yes give wor or dotes o	service)	-10-2429A	MR	S. FLORENCE	DICKEY, RT.	2. FROST	PRIRG.	MD
18. CAUSE OF	DEATH (Enter only one cou				2 2 20101102	<u> </u>	6,111001		L BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE	101/1/	dinera	Con	fre Ch-	0		ONSET A	AND DEATH
4221	DUE	1,1			12 -2			1	
Conditions, if or	which agus	(b) /20	Multen		Chie	1418			
rise to immedia	ote couse (o), (` -							10000
last.		(c)							
PART II. OTHER			O DEATH BUT NOT RELA	ATED TO TH	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(o)		19. WAS	SAUTOPSY
								YES T	FORMED?
5 200 ACCIDENT W	AS UNDERLYING [7]	20h DE	CRISE HOW INJURY OF	CURRED (F	nter noture of injury in	Port I or Port II of item 18.)		110	
OR CONTRIBUTIN	G CAUSE OF DEATH	200. Dt.	JERIOL HOW HOOK! OC	(inter notate of injery in	TOTAL OF TOTAL OF HOME 10.7			
-	Y MEDICAL EXAMINER) IJURY Month, Day, Year	204 IN	JURY OCCURRED	20e PLACE	OF INJURY (Home, form	20f. (City or town)	((0)	unty)	(Stote)
Hour	o.m.	While	Not While		ry, street, office bldg., etc.)		1000	[]	(3,010)
	o.m. 19	at work		r	1-111		/ 3 10	- 1 -	(1) () [
	tify that (1) (this has	pital) attend			don't accurred at	9 4 M, fram cause	7, 19 c		
22o, SIGNATUR	deceased alive an	7	19(, 0	mu mui	deam accorred at	M, Huni couse		ATE SIGNED	alea abave
220. SIGNATUR	Miles	751116	p11/10	- 40		MED. STAFF	T 220. DA	G	60
22c. PHYSICIAN	· flette	coery	E U. J. Med E	* M.D.	PHYS. 22d. ADDRESS	DIRECTOR L PHYS.		11/	
NAME (Typ		OTHSTET	N.	11		WAY, FROSTBU	DO M		
23o. BURIAL, CREMAT			23c. NAME OF CEME			23d. LOCATION (City or		(County)	(5000)
BURIAL (Speci					RIAL PARK		_	(County)	(Stote)
24. FUNERAL DIRECT		07	ADDRESS	IUG I		CYMBERIAI		GNATHDE	MD.
	PH R. DURST	dD.			A116	BY REGISTRAR 256.	REGISTRAR'S S	& Jus	ye.
JOUL	IN R. DUKST	. SK	FROSTRIBO	TIME I	DATE	/ ~ ~ //			W.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 artial shauld be filed with the State Dept. at Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death Page 4 may be retained by the haspital ar attending physician.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

VR A15 (4) 25M 1/67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10369 FOR STATE 10369 HEALTH DEPT J. PLACE OF DEATH G. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 2, and 3 ta PM3. Page o. STATE b. COUNTY ALLEGANY MARYLAND ALLEGANY MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) **CUMBER LAND** CUMBERLAND e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS glang with farm haurs in Item 18. Give Pages 1, 706 Lafavette Ave. SACRED HEART HOSPITAL YES NO X 24 haurs after death. 3 NAME OF 4. DATE First Lost Day Year DECEASED 1967 HOLLAR August (Type or print) GEORGE DEATH IF UNDER 24 HRS. 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED XX 8. DATE OF BIRTH NEVER MARRIED dast birthday) Months Days 3-3-04 WIDOWED DIVORCED event White Male puo 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) R.C. Bottling COUNTRY? pages I Pennsylvania Everett Retired d "pending" in pencil in Chief Medical Examiner's pencil i 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within Myra Skillington Arthur Hollar MAD-Deceased. and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, or unknown) (If yes give war ar dates of service remaval 211-18-0845 Patients Chart 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN S POSELLAND DEATH Pulmonary Embolism, Massive D IMMEDIATE CAUSE (o) writing the ward This certificate shauld crematian, DUF TO XMXM (During Surgery for Aortic Graft Conditions, if ony, which gove rise to immediate cause (a). for Aortic Aneurysm) DUF TO stating the underlying cause burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? Arteriosclerotic Abdominal Aortic Aneurysm please execute the certificate. YES A NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page at wark 21. I certify that I taak charge of the remains described above, held an Autapsy XX, Inspection XX, Inquiry XX and in my apinian the funeral director. Natural causes XXX Accident , Suicide . Hamicide death resulted fram: Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE _ AUGUST 24, 1967 DEPUTY MEDICAL EXAMINER XX **EXAMINER'S** BENEDICT SKITARELIC, M.D. Health (Address (Street, city, town, or count@umberland, Maryland NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL, CREMATION, 23b. DATE THEREOF 50 REMOVAL (Specify) 8-27-67 Hillcrest Burial Park Cumberland, Md. F. Scarpelli Cuberland, Md. 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ochanles VR A15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10370 10370 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY ALLEGANY o. STATE b. COUNTY ban papers. Pages within 72 hours after d MARYLAND ALLEGANY MARYLAND OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) CUMBERLAND. MD. DAYS CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARMA 50 1710 FREDERICK ST. MEMORIAL HOSPITAL YES NO and campletely fi remave carban NAME OF Middle First 4. DATE Month Lost Doy Year DECEASED AUG RALPH HUNT 67 (Type or print) 19 event, DEATH S. SEX IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In veors IF UNDER I YEAR lost girthdoy) WHITE Months Dovs MALE 4-22-02 in any WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT please during most of working life, even if retired) COUNTRY? U.S.A. **INDUSTRY** PENNA. physician and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal. attending phy-CHARLES A. HUNT LELA B. PERDEW IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service CUMBERLAND, MD. MEMORIAL HOSPITAL crematian. CAUSE OF DEATH (Enter only one couse per line (for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (c DUE TO burial, Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse be retained by the hospital or attending as the certificate has been last. (c) WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Dept. of Health NO 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While at work 21. I certify that (I) (this haspital) attended the deceased fram. 19 67, and that death accurred at 254 M, from causes and an the date stated above FUNERAL DIRECTOR: saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED STAFF DIRECTOR PHYS. PHYS. page TO HOSPITAL Page 4 may b 22c. PHYSICIAN'S 22d. ADDRESS director, po should be f DR. WILLIAMS CUMBERLAND. MD. W. NAME (Type) 23o. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) REMOVAL (Specify) 2

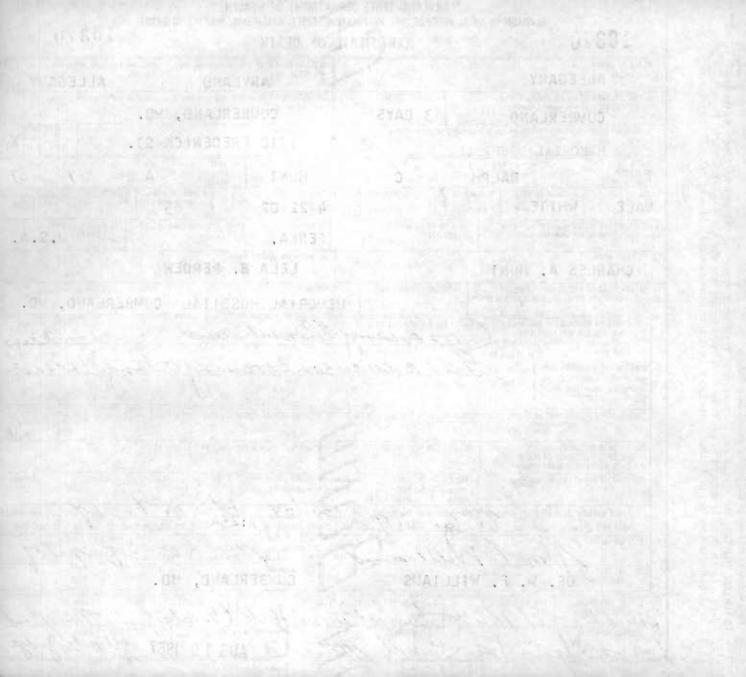
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2Sb. REGISTRAR'S SIGNATURE



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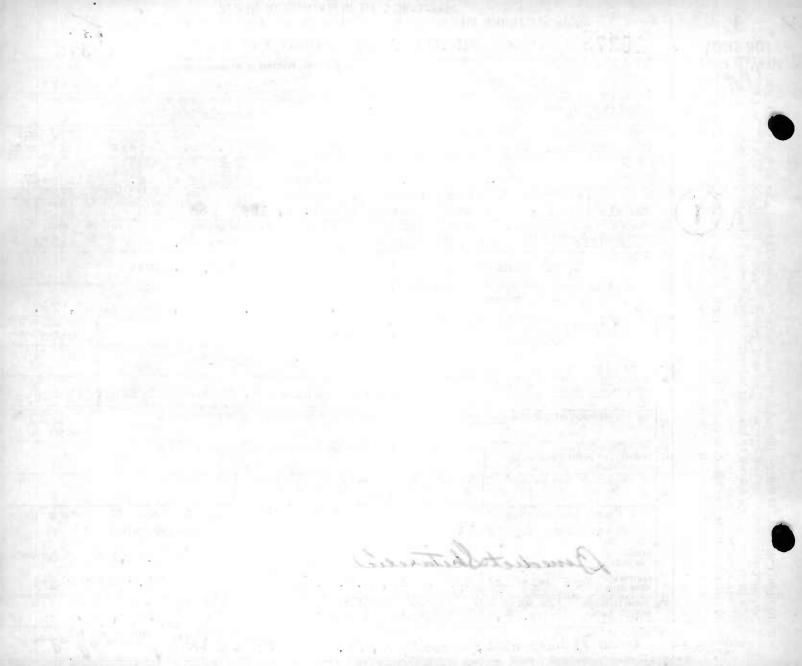
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10373 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAJE 10373 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY o. STATE Allegany Allegany Maryland death MARYLAND Department CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b pup after DOA Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS haurs Office along with farm in Item 18. Give Pages 1, 405 Walnut Street State Memorial Hospital NO X YES 24 haurs after death. NAME OF First 4. DATE Lost Month Dov Year Within 72 DECEASED with the Kauffman 19 67 Jennie Pearl August (Type or print) DEATH SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED lost birthday) 70.72 yrs. Months Hours WIDOWED T DIVORCED □ June 6, 1896 White Female event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY ? A. pages I in any Cumberland, Maryland d 'pending'' in pencil in Chief Medical Examiner's Housekeeper At Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within James P. Keady Katherine Koontz File and 17. INFORMANT Address 38 Blackiston Ave 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give wor or dotes of service) remayal Cumberland, Md George Wm Kauffman 215-20-6507 No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY SUDDEN DEATH CORONARY OCCLUSION used as a burial-trans burial, crematian, ar IMMEDIATE CAUSE (a) cate, writing the ward be forwarded ta the Ch DUE TO CORONARY SCLEROSIS Conditions, if ony, which gove rise to immediate couse (a), DUF TO stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? the certificate, NO A designated agent, prior ta 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While may be retained far yaur FUNERAL DIRECTOR: Page please execute ot work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my apinion Natural causes ... death resulted fram: Accident Suicide Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ar its ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER August 25, 1967 **EXAMINER'S** BENEDICT SKITARELIC, M.D. 5 may 170 FUNEI Address (Street, city, town, or coun Cumberland, Maryland NAME (Type) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 8/28/67 RoseHill Cemetery Cumberland Allegany Maryland 25b. REGISTRAR'S SIGNATURE ADDRESS 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) Mclianles & H. Lee Silcox Cumberland, Maryland 21502 6M 1/66

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10374 10374 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before adjussion) o. COUNTY ALLEGANY COLINTY of MARYLAND HAMPSHIRE b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

CUMBERLA ND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and after Departr MINUTES ROMNEY d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? YES NO d. STREET ADDRESS haurs MEMORIAL HOSPITAL ate Item 18. Give Pages **** 3. NAME OF First Middle 4 DATE Year DECEASED Dorothy Arillia Keister 12 67 (Type or print) August alang DEATH 19 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR NEVER MARRIED IF LINDER 24 HRS 45 birthdoy) Months Hours Female White Nov. 8, 1921 WIDOWED DIVORCED event 1Do. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife 11. BIRTHPLACE (Stote or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? Romney, West Virginia any 2 pages in any pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Ellen Shingleton J. E. Hines and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT be executed rd "pending" in Chief Medical E sit permit. (Yes, no grunknown) (If yes give wor or dotes of service) 234-38-8404 Cumberland, Maryland William Haines 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN 1 ONST AND DEATH O Crushed Chest IMMEDIATE CAUSE (o) s a burial-tra the ward DUE TO Conditions, if ony, which gove (Auto Accident) rise to immediate couse (a), DUE TO stoting the underlying couse SD PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? please execute the certificate, YES NO to pe 2Dg. EXTERNAL CAUSE WAS prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.) 3 should PRIMARY or CONTRIBUTING STAL EXAMINER: CAUSE OF DEATH Involved in two car accident 2Dc. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED -> 2De. PLACE OF INJURY (Home, form, 2Df. (City or town) (County) (Stote) Rt. 50. One mile W.Romney Hamp W.Va. 7:00 p.m.Aug. 12 19 67 While of work Not While may be retained tar yaur FUNERAL DIRECTOR: Page 21. I certify that I taak charge of the remains described above, held an Autapsy XX Inspection X, Inquiry X, and in my apinian funeral directar. death resulted from: Accident XX Suicide . Homicide Natural causes Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUTY 0 DEPUTY MEDICAL EXAMINER X August 12. 1967 BENEDICT SKITARELIC, M.D. 5 may l NAME (Type) Address (Street, city, town, or count@umberland. Md. the BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Aug. 15, 1967 Ebenezer Romney Hampshire W. Va. Burial 1967 REGISTRAR'S SIGNATURE Quese 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR VR A15ME (5) AUG Romney, W, Va. 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10375 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 10375 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Allegany Maryland Allegany death MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Departmen ond, Cumberland after 60 years Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE hours Office along with farm ON A FARM? 224 Harrison Street 224 Harrison Street pencil in Item 18. Give Pages NO DE NAME OF Middle 4. DATE Last Manth Year DECEASED 21 1967 Kinton Cora Emma Aug. (Type ar print DEATH ent with S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED birthdoy) Months Days Hours Aug. 1, 1899 White WIDOWED Female DIVORCED 24 haurs 10a. USUAL OCCUPATION (Give kind of wark dane 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT during most of working lite, even if retired) COUNTRY? Piney Grove, Md. USA d "pending" in pencil in Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI be executed within Mary E. Creek David Mann and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT remaval (Yes, no, or unknown) (If yes give wor or dotes of service Mrs. Bessie P. Miller, Cumberland, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) INTERVAL BETWEEN ANSET AND DEATH PART I. DEATH WAS CAUSED BY: Hemopericardium ar IMMEDIATE CAUSE (a) This certificate shauld e, writing the ward forwarded ta the Cl crematian, DUE TO Rupture of Left Ventricle 11 Conditions, if any, which gave rise ta immediate cause (a) DUE TO Coronary Occlusion, Myocardial InfarctionDays stating the underlying cause burial, o WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) the certificate. YES X NO IRECTOR: Page 3 shauld be designated agent, priar ta 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II af item 18.) PRIMARY ☐ or CONTRIBUTING ☐ EXAMINER: CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) Hour a.m. factory, street, affice bidg., etc.) FUNERAL DIRECTOR: Page Not While at wark ar 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X, ond in my opinion Natural couses X. Accident . Suicide . deoth resulted from: Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER Aug. 21, 1967 22. DATE SIGNED SIGNATURE funeral 5 may be TO FUNERAL Health ar i DEPUTY MEDICAL EXAMINER **EXAMINER'S** Benedict Skitarelic, M.D. Rt.9 Cumberland Address (Street, city, tawn, or county) the 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) Aug. 24, 1967 Cook's Cemetery Near Hyndman, Pa. 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR James F. Scarpelli, Cumberland, Md. VR A15ME (5) 6M 1/66



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 10377 10377 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY b. COUNTY ALLEGANY MARYLAND MARYLAND ALL FGANY ve karban papers. Pages event, within 72 hours aft b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) n Minutes CUMBERLAND MT. SAVAGE, MARYLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e IS RESIDENCE ON A FARM? d. STREET ADDRESS SACRED HEART HOSPITAL NO V YES The law requires that the death certificate be executed within COLUMBIA STREET NAME OF First Middle 4. DATE Lost Month Dov Year DECEASED (Type or print) GEORGE FRANCIS DEATH KUHLMAN AUGUST IF UNDER TYEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED COM remave Months Days Hours MALE WHITE WIDOWED DIVORCED pup 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY COUNTRY? RETIRED BRICK SETTER BRICK FACTORY ALLEGANY MARYLAND

14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME ar remaval, GEORGE ADAM KUHLMAN ADDIE (RAHUG) IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service 215-10-1215 WIFE COLUMBIA ST. MT. SAVAGE burial, cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (c) INTERVAL BETWEEN DEATH signed by the buriol-transit p OCCLUSION IMMEDIATE CAUSE (a) by the haspital ar attending physician. DUE TO HYPERTENSIVE HEART DISEASE# 10 YRS. Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse CORONARY ARTERY DISEASE as the priar to 10 YRS. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CHRONIC BRONCHITIS WITH EMPHYSEMA 19. WAS AUTOPSY PERFORMED? ad far use af Health r NO certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CALISE OF DEATH NONE (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) (County) O FUNERAL DIRECTOR: After this foctory, street, office bldg., etc.) Not While at work 12, 19 67 that (1) (we) last 21. I certify that (1) (this hospital) strended the deceased fram_______, 1 The causes and on the date stated abave. TO HOSPITAL OR ATTEND Page 4 may be retained with the stw the deceased alive on 22b. DATE SIGNED 8-14-67 M.D. DIRECTOR directar, poge should be filed 22d. ADDRESS NAME (Type) JAMES P. HALLINAN 140 BEDFORD ST. CUMBERLAND. MD. 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BURNDYAT (Specify) Aug. 15. 1967 Savage Mthodist Mt. Savage, Allegany Co. Md. 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR HARVEY H. ZEIGLER Hyndman . Pa.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10378 CERTIFICATE OF DEATH 10378 24 hours ofter deoth. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY ALLEGANY b. COUNTY ALLEGANY MARYLAND CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) CUMBERLAND CUMBERLAND DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ELDER ST. ON A FARM? MEMORIAL HOSPITAL YES NO S within OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 3. NAME OF Middle pou First OATE Manth Day Year ond completely DECEASED AUDREY LAMBERT AUGUST 1967 M. (Type or print) DEATH ond in ony event, remove car IF UNDER 24 HRS S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIEO NEVER MARRIED 2-12-23 het birthday) Manths Haurs WHITE FEMALE WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) HDUSTRY Home SOMERSET. PA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal. MELVIN F. HELLER MYRTLE F. FOUST 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknawn) (If yes give war ar dates af service MEMORIAL HOSPITAL, CUMBERLAND, MD. burial, cremation, INTERVAL BETWEEN TB. CAUSE OF OEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit IMMEDIATE CAUSE (2) DUE TO signed Canditians, if any, which gave rise to immediate cause (a). DUE TO s certificate has been s ached for use as the b ept. of Health prior to b stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) **IFICATION** NO 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of item 18.) 2Do. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Stote Dept. 2Dc. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or town) (County) Haur a.m. factory, street, office bldg., etc.) Not While otwork at work 21. I certify that (1) (this haspital) attended the deceased from that (I) (we) last be retained M. from causes and on the date stated above sow the deceased alive an_ TO FUNERAL DIRECTOR: and that death occurred 12a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR directar, poge 3 should be filed v M.D. 221. PHYSICIAN'S NAME (Type) 22d. ADDRESS DR. RICHARD J. WILLIAMS CUMBERLAND. MD. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) REMOVAL (Specify) Cumberland, Md. Allegany Sunset Memorial Park 2Sq. REC'O BY REGISTRAR **ADDRESS** 25b REGISTRAR'S SIGNATURE 24. FUNERAL OIRECTOR Scarpelli, Cumberland, Nd. VR A15 (4) 25M 1/67

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 10379 10379 requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY Allegany Maryland Allegany MARYLAND attending physician and campletely filled in by the f permit. Then please remaye carban papers. Pages c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) 77/66 Cumberland Cumberland e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS Rt.3. Bedford Road Allegany County Infirmary NO T YES 3. NAME OF Middle 4. DATE First Year DECEASED (Type or print) Light Thompson Anna 67 DEATH August 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED X NEVER MARRIED last birthday) Manths Davs Hours 5/28/1883 White Female WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during mast af working life, even if retired) Own Home COUNTRY? Betheny, West Virginia Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William J. McFadden Catherine Young Biggs 17. INFORMANT P.O.Box 599, Cumberland, Md.2150 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknown) (If yes give wor ar dates af service) 16. SOCIAL SECURITY NO. permit. None Allegany County Infirmary records CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET, AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise ta immediate couse (a), DUE TO stating the underlying couse Page 4 may be retained by the hospital ar attending has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) far use Health YES [After this certificate 205. DESCRIBE MOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City ar town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour a.m. factory, street, affice bldg., etc.) Not While at work 2]. I certify that (I) (this haspital) attended the deceased fram Ital 13 , ta 8/27/67, 19 , that (I) (we) last saw the deceased alive an 8/26/67 M. fram causes and an the date stated above. and that death accurred at A. FUNERAL DIRECTOR: 19 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF PHYS. 8/28/1967 X M.D. PHYS. DIRECTOR directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Memorial Hospital. Cumberland. Md. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF (Stote) REMOVAL (Specify) Allegany Md. Cumberland Sunset Memorial Park 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 196/ 20 M 1/66 Cumberland, Md. Byron Kight

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 10381 10381 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence befare admission) a. COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND ALLEGANY b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give neorest town) CUMBERLAND CUMBERLAND 15 DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO K SACRED HEART HOSPITAL 811 BROOKFIELD AVE 3. NAME OF Middle 4. DATE Last Day Year DECEASED VIRGIL MC CLURE AUGUST (Type or print) VINCENT DEATH 19 67 COL IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX AGE (In years 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH last birthday) Manths Days Hours 2/5/10 crematian, ar removal, and in any WIDOWED DIVORCED MALE WHITE 10b. KIND OF BUSINESS OR City 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, ar fareign cauntry) 12. CITIZEN OF WHAT during mast of working life, even if retired)
CAPT. -FIRE DEPT. COUNTRY? IRE DEPT. Cumb. physician ALLEGANY, MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phys permit. Then p ROBERT L. McClure ANNA CARAHER 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknawn) (If yes give war or dates af service) permit. 217-10-1973 HOSPITAL RECORD SACRED HEART HOSPITAL INTERVAL BETWEEN CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cele IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if any, which gove rise ta immediate cause (a), DUE TO stoting the underlying cause as the this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ad for use af Health p YES X NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (City or town) 20c. TIME OF INJURY Manth, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (State) factory, street, affice bldg., etc.) Nat While at wark 1967 to 8-11, 1967, that H (we) last 21. I certify that (I) (this hospital) attended the deceased fram____ 7-27 19 67, and that death occurred at 432 M, from causes and an the date stated above. DIRECTOR: saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE DIRECTOR 8/13/67 Michael 22d ADDRESS 22c. PHYSICIAN'S O HOSPITAL FUNERAL NAME (Type) 126 N. SMALLWOOD GLICK-STFICTORY CUMBERLAND director, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 23a. BURIAL, CREMATION, REMOVAL (Specify) Md. Allegany 8/14/67 St. Mary's Burial Park Cumberland. 2 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) H. Wayne George Cumberland, Md. Minnelly 1967

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10382 10382 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY ALLEGANY b. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (If autside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours DAYS 10HR d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) BARTON, MD. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL NO X YES 3. NAME OF Middle remeve carbon 4. DATE Doy Year and campletely DECEASED OF DEATH ME TZ (Type or print) AUGUST event CHARLES S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years NEVER MARRIED last birthday) Months Days Haurs DIVORCED 2-4- 1909 MALE 11. BIRTHPLACE (Caunty & State, or fareign country)
BARTON, MD. 10a. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 12. CITIZEN OF WHA during most of working life, even if retired) COUNTRY? USA 3 and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remaval, EMILINE GREENHORN GEORGE METZ 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, ar unknown) (If yes give war or dates of service MEMORIAL HOSPITAL, CUMBERLAND, MD. 216-07-2323 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Ougelstive IMMEDIATE CAUSE (a) DUE TO Canditians, if ony, which gave rise ta immediate cause (a), DUE TO stating the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? NO certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur 'a.m. factory, street, affice bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from 196 , that (1) (we) last be refained and that death occurred at 4/12, fAM causes and an the date stated above. saw the deceased glive an_ -19 6 TO FUNERAL DIRECTOR: 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 122 S. CENTRE ST., CUMBERLAND, MD. DR. W. F. WILLIAMS directar, 23a. BURIAL, CREMATION 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Laurel Hill Moscow Mills Md. **ADDRESS** 24. EUNERAL DIRECTOR Westernport, Md. VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10385 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY ALLEGANY O. STATE MARYLAND b. COUNTY ALL EGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) I campletely filled in by the mave carten papers. Page ny event, within/72 hours a write RURAL and give negrest tawn) 4HRS. 40MIN CUMBERLAND. MD. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 110 UTAH AVENUE NO NAME OF Middle 4. DATE Year DECEASED (Type or print) DEATH GERAID MMI MORTON ALIGHIST SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED **NEVER MARRIED** lost birthdoy) Months WIDOWED DIVORCED MALE WHITE 1-6-12 and 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY SALES USED CARS CANADA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal. MAX MORTON (BERNSTEIN) MORTON 15 WAS DECEASED EVER IN ILS ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) NO 091-12-6739 HOSPITAL RECORD 900 SETON DRIVE CUMB crematian. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse as the priar tal last WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1/01/0 NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street office bldg., etc.) Hour om ot work . 1965, to 27 AUG 1967, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram_ AUG. saw the deceased alive an 27 MU G. 1967, and that death accurred at 2.55 AM, fram causes and an the date stated above. FUNERAL DIRECTOR: 220. SIGNATURE 22b. DAJE SIGNED ATTENDING director, page 3 shauld be filed v M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S BROADWAY, FROSBBURG, MD. 21532 ROTHSTEIN NAME (Type) BURIAL CREMATION 23b. DATE THEREO! REMOVAL (Specify) 250. REC'D BY REGISTRAR **EUNIERAL DIRECTOR**

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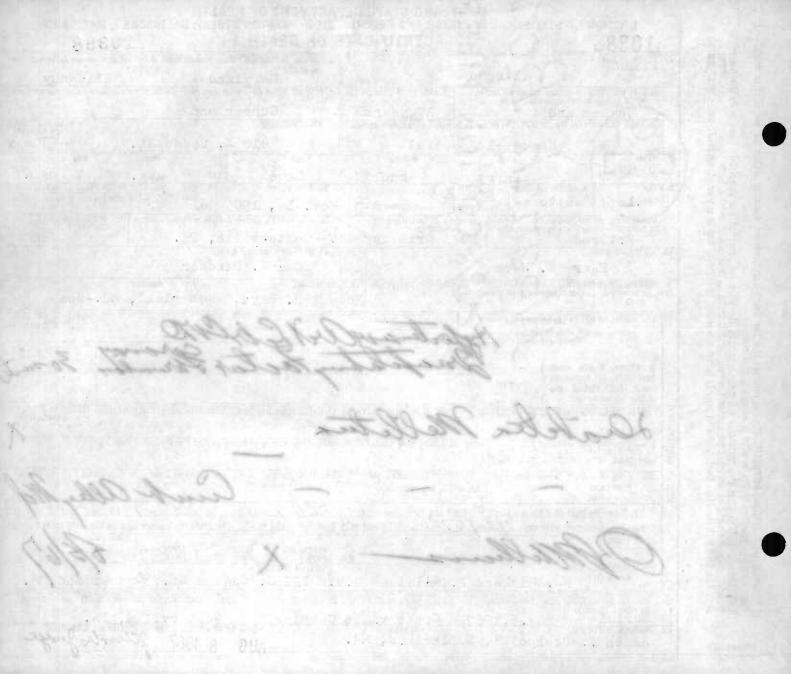
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KAMIN te the ge 4 sh your file	Page 3 should be used cremation, or removol,	MEDICAL	20c. TIME OF INJU Hour o.r p.r	10	20d. II While ot war			E OF INJURY (Hame, farm ry, street, affice bldg., etc.)		(City ar town)	(Cau	unty)	(5	State)
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10387 CERTIFICATE OF DEATH 0387 requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH attending physician and tappotetely filled in by the funeral permit. Then please remaye carbon papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE Maryland b. COUNTY Allegany Allegany papers. Page. 72 hours after d MARYLAND b. CITY OR TOWN (If outside corporate limits, c. JENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn)
Cumberland 966 Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Allegany County Infirmary 1018 Myrtle Street carban pap YES NO TX NAME OF DATE Year Mnrray Rodger DECEASED Joseph 67 August (Type or print) DEATH S. SEX 6. COLOR OR RACE 9. AGF (In years IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH 7. MARRIED NEVER MARRIED Male White irthday) Hours 12/21/1886-1886 WIDOWED X removal, and in any 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign country) 10a. USUAL OCCUPATION (Give kind of wark dane 12. CITIZEN OF WHAT during most of warking life, even if retired)
Retired: X January Au NOUSTRY Tire Palestine. Ohio 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME David Gregory Murray Catherine Lavin 17. INFORMANT P.O. BOX 599, Cumebarland, Md. 21502 16. SOCIAL SECURITY NO. 214-05-8838 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, ng. or unknown) ((If yes give wor or dotes of service) 10 Allegany County Infirmary records. burial, cremation, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gave (b) rise to immediate couse (a). DUE TO stating the underlying cause as the priar tak r this certificate has been detached far use as the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO ATTENDING PHYSICIAN: 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) (County) 20c. TIME OF INJURY Manth, Day, Year Haur o.m. foctory, street, office bldg., etc.) at wark 21. I certify that (I) (this hospital) attended the deceased from July saw the deceased alive on Lugust 8, 167, and that deat 19 66 taAugust 9. 19 67, that (1) (we) last saw the deceased alive on ugust O FUNERAL DIRECTOR: 200. SIGNATURE 22b. DATE SIGNED STAFF PHYS. X DIRECTOR director, page should be filed 22d. ADDRESS 22c PHYSICIAN'S Simons. M. D. Gobrge Memorial Hospit, Cumberland, Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23o. BURIAL, CREMATION, (Caunty) (State) REMOVAL (Specify) Cumberland, Md. Allegany Aug. 12, 1967 Hillcrest Burial 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 James F. Scarpelli, Cumberland, Ma.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 10389 10389 **OR ATTENDING PHYSICIAN:** The low requires that the death certificote be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY ALLEGANY MARYI AND b. COUNTY ALLEGANY MARYLAND cian ond completely filled in by the fease remove corban papers. Pages ord in any event, within 72 hours afty b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Write RURAL MBERLAND DAYS LA VALE. MD. d. STREET ADDRESS 9 ASBURY AVENUE e. IS RESTDENC d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? *********** MEMORIAL HOSPITAL 3. NAME OF Middle DATE AUG. OF TEN physician and completely en please remove corban DECEASED LEROY (ROY) (Type or print) DEATH S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED WHITE last direddoy) MALE Months 9-25-98 WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country)

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 PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-transit ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO signed buriol, (b) GENERALIZED METASTATIC CARCINOMA Conditions, if ony, which gove MONTHS rise to immediate cause (a). DUE TO stoting the underlying couse Page 4 may be retained by the hospital or ottending (c) ADENOCARCINOMA OF PROSTATE last as WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) State Dept. of Heolth NO ¥ 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) of wark 20P to AUG 1966 19.67 that (I) (Ve) last 21. I certify that (I) (this haspital) attended the deceased fram. 1967, and that death accurred a M. fram causes and an the date stated above FUNERAL DIRECTOR: saw the deceased alive an ALIG 4 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR M.D. PHYS 8-6-67 CUMBERLAND, MD. 22c. PHYSICIÁN'S 22d. HIMMELWRIGHT DR. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION, 23b. DATE THEREOF (County) (State) REMOVAL (Specify) HTILCREST BURTAL PARK ICUMBEL
ADDRESS L 250. REC'D BY REGISTRAR ALLEGANY CUMBERLAND MD. 9 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE 2Sb. 404 DECATUR STREET, CUMBERLAND VR A15 (4) 25M 1/67 LEE SILCOX 1967

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HEALTH DEPT	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
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tuneral may be artment death	b. CITY OR TOWN (if outsida corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
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72 th 33.8	OFFICE (Type or print) SOPHIA XENIA	OHR DEATH AUGUST I2 1967
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death. Pages ith for ind 2 v		JAN., 28, 1889 78 yrs.
E A A	10a. USUAL OCCUPATION (Give kind of work dona during most of working lifa, even if retired) 10b. Kind of Business or industry	COUNTRY?
es on safe	HOUSEWIFE 644*******	NEW YORK, N.Y. U.S.A.
	THE THE C HALLTER	ALICE C. NUESS
24 0ff 7. ar	TULIUS C. HALLIER 15. WAS DECEASED EVERINUS. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) ((flyes give war or dates of service)	INFORMANT Addrass
within pencil i miner's permit. remova		ALICE R. DELAGRANGE CUMBERLAND, MD.
	18. CAUSE OF DEATH [Entar only one causa per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY:	INTÉRVAL BETWEEN ONSET AND DEATH
Exiliansid	4430	L HEMORRHAGE 24 Hours
d be executed v "pending" in pi Medical Exami burial-transit pi cremation, or re	(6)	ensive Cardiovascular disease
ild be executed "pending" in "pending" in it Medical Exan i burial-transit cremation, or it	gave risa to immadiata (cause (a), stating the DUE TO	
	undarlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED.	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
fcate sho the work the Chi used as to burial,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PRIMARY OF CONTRIBUTING COURSE OF DEATH.	PERFORMED?
ng t l to be u or to	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCUP	RRED. (Enter natura of injury in Part I or Part II of Item 18.)
nis certif writing rarded to rould be tt, prior		
R: This certificate ate, writing the forwarded to the 3 should be used agent, prior to bu	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLAC factor p.m. 19 Whila at work at work	CE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
Liffica be 1		
EXAMINE the certificates the should be in files. CTOR: Page designated	21. I certify that I took charge of the remains described above, held death resulted from: Natural causes 44, Accident 7, Suid	d an Autopsy, Inspection &, Inquiry, and in my opinion cide, Undetermined manner
icute the cage 4 shour ries DIRECTOR:	death resorted from: Matural causes 44, Accident, Suite	CHIEF MEDICAL EXAMINER
MEDIS ecute to Page 4 or your DIREC	SIGNATURE Demedict Stelarely	ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
Y N Xe Xe	EXAMINER'S BENEDICT SKITARELIC. M	DEPUTY MEDICAL EXAMINER X AUGUST 12, 1967 I. D. Address (Street, city, town, or complete rland, Maryla
DEPUTY Notes of Health of	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
of direction of	REMOVAL (Specify)	Cemetery Comberland Md.
0.4	24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR AISME (5)	Louis Stein, Onc. Comberland	md. DATEAUG 15 1961 fccores grant

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #8 Film #G3 CERTIFICATE OF DEATH 10391 **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY ALLEGANY VIRGINIA MARYLAND hin 72 hours after Pages b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 write RURAL and give DAYS PAW. PAW d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? LEE STREET MEMORIAL HOSPITAL NO X NAME OF First Middle 4. DATE PARKER AUGUST DECEASED HILDA M. (Type or print) DEATH **GVeneral** SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 24 HRS lost birthday) Dovs Haurs FEMALE WHITE 12-28-19/1/6 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign cauntry) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) physician a USA INDUSTRY COUNTRY? PAW PAW. W. VA. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaval, attending phys ANNA B. BOWLEY FRANK F. PARKER 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war or dates af service) MEMORIAL HOSPITAL, CUMBERLAND. MD. burial, cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH burial-transit IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital ar attending physician. DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause as the State Dept. af Health priar to WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO DC certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) Not While ot wark at work . 1967 that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 1967 to Oras, 6 1967, and that death occurred at 3:30 MArom causes and an the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive on way 5 22g SIGNATURE 22b. DATE STGNED M.D. PHYS DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S CUMBERLAND, MARYLAND NAME (Type) DR. LEWIS 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Paw Paw, Morgan W. Woodrow Cem. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR **ADDRESS** VR A15 (4) 25M 1/67 Johnson (Funeral Home Berkeley Spgs. DAVEA

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	10392		CERTIFICAT	E OF DEATH		10392		
	PLACE OF DEATH O. COUNTY ALLEGANY		MARYLAND	- CTATE	(Where deceosed lived, if institution b. COUNT)			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give peoples town) 2 DAYS				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND, MD.				
	d. NAME OF HOSPITAL OR INSTITUTION Memoriel Hosp		give street oddress)	d. STREET ADDRESS ON A FARM? YES NO X				
	(. the or build	First ETHEL	Middle VERA	RICE	DEMINI	JG 22 1967		
F	FEMALE 6. COLOR OR RAC WHITE	WIDOWED	DIVORCED	8. DATE OF BIRTH 5-23-9	last histhday	Months Doys Hours Min.		
dur	. USUAL OCCUPATION (Give kind of work ing most of working life, even if retired) Tiechine operat	1	CIND OF BUSINESS OR NDUSTRY. extile	BLOOM	y & Stote, or foreign country) ING TON, MD.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
	JOHN C. SIMP				C. CROSS			
	was deceased ever in u.s. armed follows, no. or unknown) (If yes give war or or	Intes of service)	SOCIAL SECURITY NO. 17. 12-18-1656	MEMORIAL	HOSPITAL CUM	MBERLAND, MD.		
	18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE (Conditions, if ony, which gove)	CAUSE (o) DUE TO	Congestine	Heart Ze	ulun	INTERVAL BETWEEN ONSET AND DEATH		
	rise to immediate couse (a), stating the underlying couse lost.	(b) DUE TO (c)	gent and	erioseles	mjarethat.	270		
CATION	PART II. OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED? YES NO		
MEDICAL CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER		ESCRIBE HOW INJURY OCCURRED). (Enter noture of injury in	Port I or Port II of item 18.)			
MEDICA	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (City or town) (County) (State) foctory, street, office bldg., etc.)							
	21. I certify that (I) (this haspital) attended the deceased fram 8-14 1967, that (I) (we) last saw the deceased alive on 7-27 1967, and that death accurred a 1967, fram causes and on the date stated above.							
	220. SIGNATURE W.D. ATTENDING DE MED. DIRECTOR							
230	DEMOVAL (Specify)	TE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City or Town			
24	4. FUNERAL DIRECTOR	6-67 elli Cum	Sunset Men ADDRESS berland, Md.		/14	ISTRAR'S SIGNATURE		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and should be filed with the State Dept. af Health priar ta burial, crematian, ar remayal, and in any event, within 72 hours after deet VR A15 (4) 25M 1/67

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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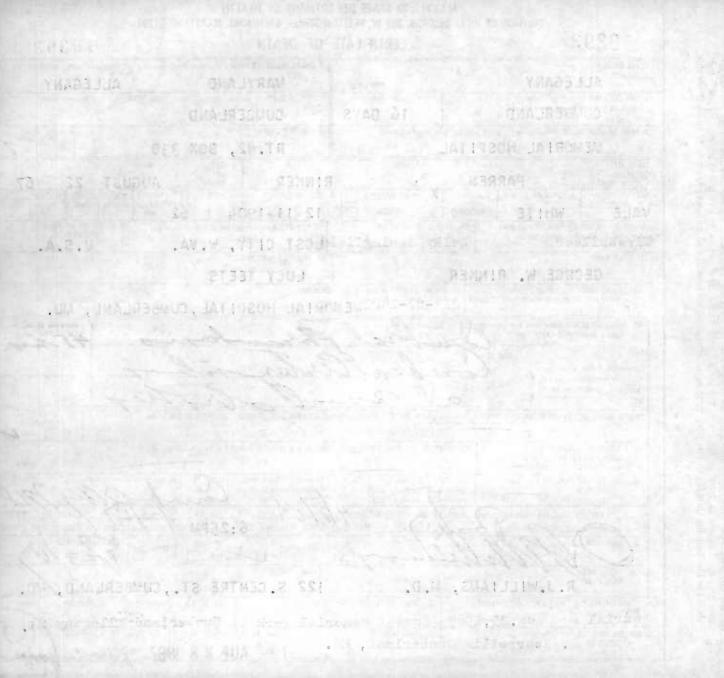
CERTIFICATE OF DEATH

10393

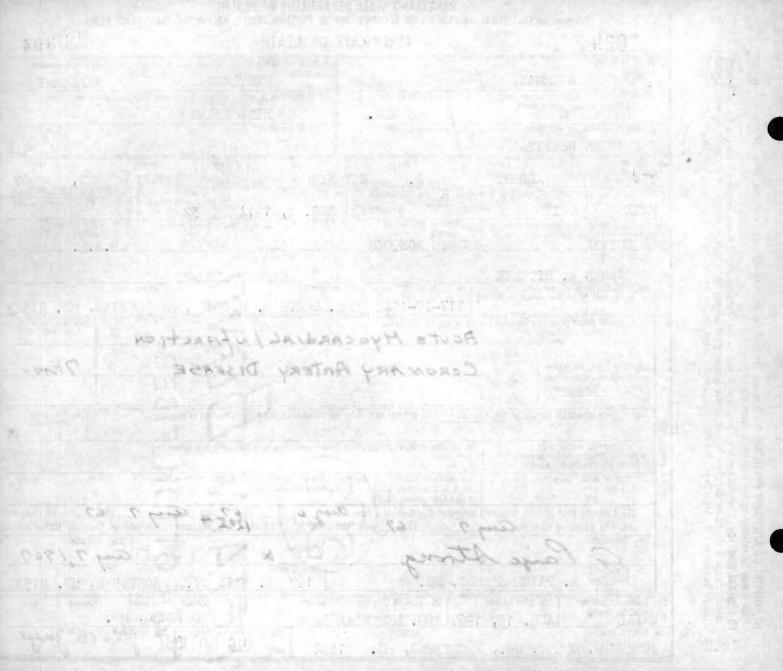
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	FATHER'S NAME		12207			14. MOTHER'S MAIDEN I			U. S. A.	•
		ORGE W. RI	NKER		- 1					
15		R IN U.S. ARMED FDRCES?		OCIAL SECURITY NO.	17 4	LUCY TI		Address		
(Ye	es, no, or unknown)	(If yes give wor or dotes of so								
	No			T-07-1702	ME IM	URIAL HUSI	PITAL, CUMB	ERLAND	MD.	
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	stoting the unde		1000	M		11	1		1 3	
	lost.) (c)	2	V S	Z	alla	12/1	ey		
z	PART II. OTHER SI	GNIFICANT CONDITIONS CON	TRIBUTING T	O OEATH BUT NOT RELATE	0 10 1	HE TERMINAL OISEASE COM	NOITION GIVEN IN PART 1(c	1)	19. WAS AU PERFOR	JTOPSY DMED 2
ATIO	5 737								YES	ND A
CERTIFICATION	20o. ACCIDENT WA		20b. DES	SCRIBE HOW INJURY OCCU	RRED.	Enter noture of injury in	Port I or Port II of item 18	(.)		
8		MEOICAL EXAMINER)					-			
MEDICAL	-	URY Month, Ooy, Year	20d. IN	JURY OCCURRED 20	e. PLA	E OF INJURY (Home, form	(City or tow	n) (Co	unty)	_(Stote)
MED	Hour 'o.r	10	While of work	Not While of work	foct	ory, street, office bldg., etc.)	(A	CI	le ;	2011
		fy that (1) (this hospit			11/	11/14	9 to \$1/3	2/1/80	that (1)	(wa) lus
		aceased alive an	2 - /			7 1 1		ses and an t		1 / /
	22th DATE SIGNATURE) / LA THE STATE SIGNED /									
	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS.									
	22c. PHYSICIAN'S	11 1000	VV	-		22d. ADDRESS	1113.		-1/4	/
	NAME (Type	R. J. WILLI	AMS.	M. D.		122 S. CEN	TRE ST., C	LIMBERI	AND A	AD.
230	o. BURIAL, CREMATIC			1 23c. NAME OF CEMETER	RY DR		23d. LOCATION (City of		(County)	(Stote)
200	MOVAL (Specify	Λ							' ''	(5,0,0)
24	4. FUNERAL DIRECTO	Aug. 25	1701	ADDRESS ADDRESS	emo	rial Park	Cumberla DBY REGISTRAR 2SE	REGISTRAR'S S		ld.
-	James	F. Scarpel	li Ci	umberland,	Md		He y a socz		4. 0	
		nife.				I OATE A	A R R TANK TOWN THE TANK THE PARTY OF	1 11 11 A		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pshauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 hour

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 10394 10394 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b COLINTY ALLEGANY MARYLAND ALLEGANY MARYLAND requires that the death certificate be executed within 24 haurs after b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 5 HRS. MTDLOTHIAN d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? MINERS HOSPITAL YES NO X NAME OF Middle 4. DATE carban First Last Month Doy Year DECEASED ALBERT J. RITCHIE AUGUST 67 19 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED birthdoy) Months Hours Days MATE WHITE DIVORCED DEC. 2, 1914 WIDOWED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? BUS DRIVER PUBLIC SCHOOLS MARYLAND II.S.A 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME JAMES A. RTTCHIE SARAH CATHCART attending permit. The 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) ar 217-10-4542 signed by the atter burial-transit permi burial, crematian, a MRS. URITH M. RITCHIE, MIDLOTHIAN, MD. 21543 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Acute Myocardial/NFARCTION IMMEDIATE CAUSE (a) DUF TO CORONARY ARTERY DISEASE Canditians, if ony, which gove rise to immediate cause (a). as the priar to b stoting the underlying cause has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO DE FUNERAL DIRECTOR: After this certificate 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) at wark at work 21. I certify that (1) (this haspital) attended the deceased from account 7, 1962, that (i) (we) last 1967, and that death accurred at 1205 M, fram causes and on the date stated above saw the deceased alive ana 22b. DATE SIGNED 22o. SIGNATURE M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) A. PAIGE STRONG. 167 E. MAIN ST., FROSTBURG, MD. 21532 MD directar, p 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION, BURLAL (Specify) FROSTBURG, MD. AUG. 10. 1967 FBG. MEMORIAL PARK 9 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) JOSEPH R. DURST, SR., FROSTBURG, MD. 21532 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0395 10395 requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) completely filled in by the funera o. COUNTY o. STATE b. COUNTY Allegany Haryl and MARYLAND Allerany popers. Pages frin-72 frours ofte c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) vrs. Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? カオ Sylvan Retreat - Furnance St. Extended NO Z YES remove corbon NAME OF First Middle Lost 4. DATE Month Dov Year DECEASED EMMA. ROBINETTE AUG. 19 6 (Type or print) DEATH ond in ony event IF UNDER 24 HRS IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys Hours WIDOWED XX DIVORCED pup 12. CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? physician (INDUSTRY Housewife Allegany, Mdl 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal, Olive Miller attending poermit. The Thornton Duckworth WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service 0 cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the buriol-tronsit burial, cremoti ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUF TO for use as the Health prior to t stoting the underlying couse hos been lost. ATTENDING PHYSICIAN: The low WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION YES NO O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Hour om Not While foctory, street, office bldg., etc.) ot work ot work 21. I certify that (1) (this haspital) oftended the deceased from_____ 196 director, page 3 shauld should be filed with the and that death occurred of 9:157M, from causes and on the date stoted obove. saw the deceased alive an_ DATE SIGNED SIGNATURE 22b 220. STAFF TO HOSPITAL OR Page 4 moy be re DIRECTOR PHYS. M.D. PHYS 22d. ADDRESS -22c. PHYSICIAN'S NAME (Type) fe M. Simons M.D. Cumberland 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Specify 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10396 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH b. COUNTILegany a. COUNTY Maryland Allegany MARYLAND c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside corparate limits, c. LENGTH OF STAY IN 1b Midland d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Church Street Miners Hospital NO X 4. DATE NAME OF Middle Last Manth Year DECEASED 8/1/1967 Mildred Ross 19 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years last birthday) Months Days Hours Female White WIDOWED K DIVORCED 12/10/1907 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR COUNTRY? INDUSTRY Frostburg Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME XX Thomas Tighe Margaret Stevenson IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, norunknown) (If yes give war or dates af service) 6 Midland. Md. Mrs. Lena Tighe. cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per lipe for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH www IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (o). DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending has been lost. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO TO FUNERAL DIRECTOR: After this certificate for 20g. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City ar town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour a.m factory, street, office bldg., etc.) 1960, tolle 21. I certify that (I) (this hespital) attended the deceased fram.), and that death accurred at 3. b. M., fram cooses and an the date stated above. shauld saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE S MED. DIRECTOR STAFF PHYS. ATTENDING M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) LONACONING directar, shauld

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR George Eichhorn,

23b. DATE THEREOF

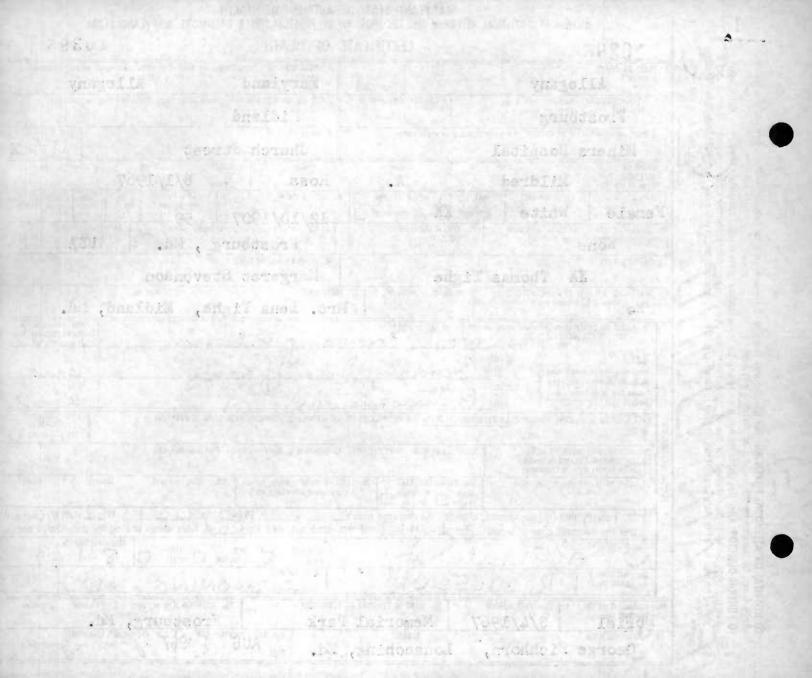
8/4/1967

23a. BURIAL, CREMATION,

ADDRESS Lonacohing, Md. 23d. LOCATION (City or Town) Frostburg. (County) (State)

23c. NAME OF CEMETERY OR CREMATORY Memorial Park

1967 REGISTRAR'S SIGNATURE DATE



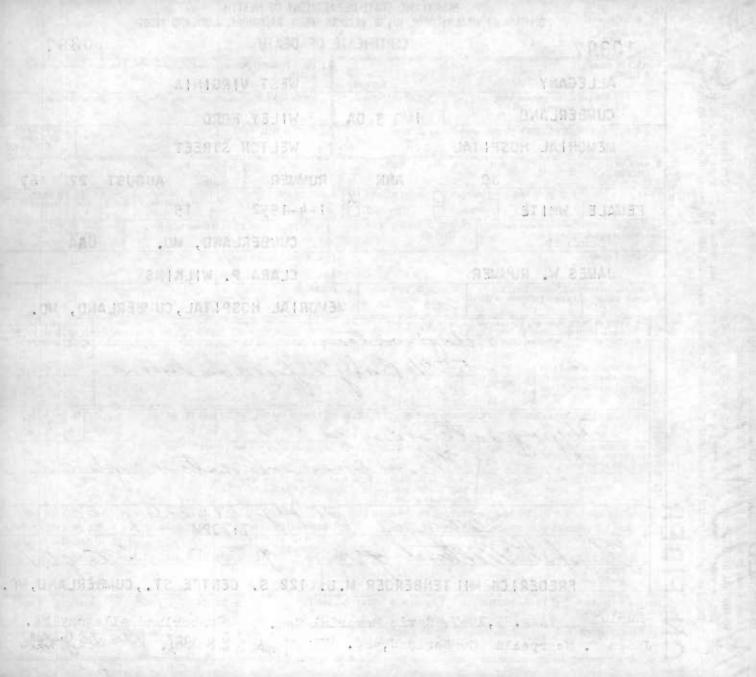
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please reprove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after beat

VR A15 (4) 25M 1/67

MAKILAND STATE DEPAKIMENT	OF HEALIN
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET,	BALTIMORE, MARYLAND 21201

	1039	7		CERTI	FICATE	OF DEATH		1	039	'7
1.	PLACE OF DEATH a. COUNTY ALLE	EGANY		MAI	RYLAND	2. USUAL RESIDENCE a. STATE WEST	Where deceased lived, if instibution b. Co.	itution: Resident DUNTY	e before o	dmissian)
	D. CITT OK TOWN (f outside corporate limit give nearest town) BERLAND	S,	c. LENGTH OF STAY		C. CITT OK TOWN (IT O	lutside carparate limits, write	RURAL and give	nearest to	own)
		AL OR INSTITUTION (If n	at in hospital, g	ive street address)	DA	d. STREET ADDRESS	FORD		e I	S RESIDENCE ON A FARM?
		DRIAL HOS	PITAL			WELTO	N STREET		YES	
	NAME OF DECEASED (Type ar pont)		rst J0	Middle ANN	To U	RUMMER	OF	lanth JGUST	Day 22	Year 1967
S.	FEMALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIE	LAI	1 - 4 - 1952	9. AGE (In years last birthday)	IF UNDER 1		UNDER 24 HRS.
	. USUAL OCCUPATION	(Give kind of work done	10b. KII	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	y & State, or foreign country) RLAND, MD.	12. CIT	IZEN OF W	HAT
13.	FATHER'S NAME	C W Dun	MED			14. MOTHER'S MAIDEN		3 400		Eur 3
15		R IN U.S. ARMED FORCES?		OCIAL SECURITY NO.	17 1	CLARA NFORMANT	P. WILKINS	dress		
(Y€	s, na, ar unknown)	(If yes give war or dates	of carvica)	one			OSPITAL, CUM		ND.	MD.
	PART I. DEA' 9/69 Conditions, if any, rise to immediat stating the underlast.	e cause (a), rlying couse	(o) (b) 53 (c)	100 re	aly		area lice		ONSET	AL SETWEEN
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING I	O DEATH BUT NOT RE		HE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)		PE YES	AS AUTOPSY REORMED? NO
MEDICAL CERTIFICATION		SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE		OCCURRED. (Enter nature of injury in	Part I ar Part II of item 18.)	ayet	ado	1
MEDICA	20c. TIME OF INJU Haur a.r p.r	10	20d. IN While at wark	JURY OCCURRED -		E OF INJURY (Hame, far ary, street, affice bldg., etc		(Cau	nty)	(State)
	saw the de	fy that (I) (this has eceased alive an	pital) attend 220	ed the deceased	fram_= and that	death accurred a	1967, ta 220 7:20 Myram cause		e date s	(I) (we) las tated abave
	22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	FREDERIC	Mills K MIL 1	ENBERGE	R M.	22d, ADDRESS	MED. STAFF PHYS.	003	TE SIGNED BELLA	
230	BURIAL, CREMATIC)		23c. NAME OF CEA	METERY OR (REMATORY	23d. LOCATION (City or	Tawn)	(Caunty)	(State)
	. FUNERAL DIRECTO	1 44 44 44		Davis M ADDRESS perland, =		25a. REC	Cumberlan D BY REGISTRAR C 2 8 1967		GNATURE	dge.



AND DESCRIPTION OF THE PROPERTY OF THE PROPERT Entry Egyment of The second secon CATTLE OF SECRETARY OF THE SECRETARY OF SECR the plant of the last we describe the property of the plant of the pla Inter a marketing the way with the first of need to the contract of the co that it is to be a second of the same of t The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 10399 PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) FLINTSTONE CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? DOA MEMORIAL HOSPITAL RD 2 NO X YES 3. NAME OF First Middie Last DATE Month Day 4. DECEASED 19 67 AUGUST (Type or print) EMORY EDGAR SHRIVER DEATH 20 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months | Hours WIDOWED [DIVORCED MALE AUGUST 28 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? USA KELLY SPRINGFIELD WEST VIRGINIA RETIRED INSPECTOR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE W. SHRIVER MARY SHEPPARD 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) 214-05-9985 EDNA SHEPHERD SHRIVER. RD 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES T NO 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour Not While

at work

23c. NAME OF CEMETERY OR CREMATORY

and that death occurred at

A.M. from the causes and on the date stated above.

22b. DATE SIGNED ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS

122 S. CENTRE ST. CUMBERLAND. MD. 23d. LOCATION (City, town or county) (State)

AUGUST 21.

BURIAL, CREMATION, EMOVAL (Specify) MEMORIAL GARDENS SUNSET 24. FUNERAL DIRECTOR CADDRESS

at work

NEAR CUMBERLAND, MD REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

23b. DATE THEREOF

ICHARD J. WILLIAMS. M.D.

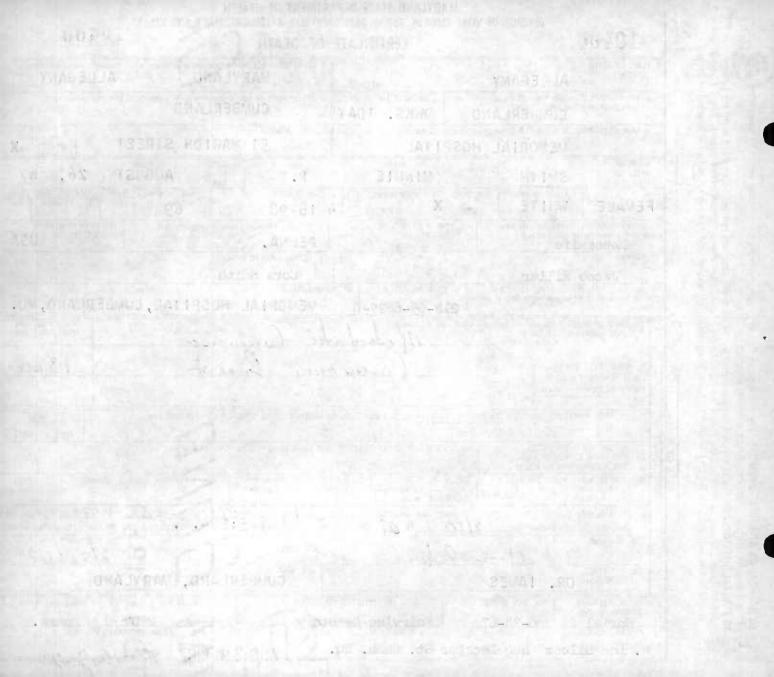
21. I certify that (I) (this hospital) attended the deceased from

saw the deceased alive on

PHYSICIAN'S

The contraction of the provided contraction of the contraction of THE REPORT OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10400 10400 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY MARYL AND b. COUNTY ALLEGANY ALLEGANY rely filled in by the fun-real papers. Pages 1 c , within 72 haurs after d MARYLAND OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negres town LAND CUMBERLAND 1 DAY 9WKS. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM? MARION STREET MEMORIAL HOSPITAL NO A 3. NAME OF Middle First 4. DATE Lost DECEASED AUGUST MINNIE SMITH (Type or print) DEATH 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lost bighdoy) WHITE Months FEMALE 4-18-98 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? USA PENNA. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayol. Cora Smith Jacob Miller 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) {(If yes give wor or dotes of service) MEMORIAL HOSPITAL, CUMBERLAND, MD. 214-05-6829-D INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) þ DUE TO burial 8 mos Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse certificate has been p (c) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) ot work 21. I certify that (I) (this hospital) aftended the deceased fram. be retained 67, and that death accurred at 5:50 M of from causes and an the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. PHYS. TO HOSPITAL (Page 4 may b 22c. PHYSICIAN'S CUMBERLAND, MARYLAND NAME (Type) DR. IAMES 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 8-28-67 Burial Fairview Cemetery Bedford Penna. Artemas 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 H. Lee Silcox 404 Decatur St. Cumb. Md. Ocharles



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	M)		10401	CERTIFICATE	OF DEATH		10401
funeral and er death			PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	CTATC	Where deceased lived, if institution b. COUN	
by the Pages ours aft			b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) CUMBERLAND	c. LENGTH OF STAY IN 16 11 DAYS 11	1150	utside carporate limits, write RUR	Al and give nearest tawn)
ed in	50		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital MEMORIAL HOSPITAL		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
tel will	1		NAME OF First DECEASED (Type or print) SARAH	Middle	Lost SMITH	4. DATE Mont	h Doy Year
E 6 6		S.	SEX 6. COLOR OR RACE 7. MARRIER EMALE WHITE WIDOWER		B. DATE OF BIRTH 4-16-1892	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
		10a	. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUSTRY		& State, or foreign country) ONE, MD.	12. CITIZEN OF WHAT COUNTRY? USA
FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furnitual by some as the fune for signed by the attending physician and completely filled in by the furnitually page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages I applied with the State Dept. at Health prior to burial, cremation, ar removal, and in any event, within 72 hours after		-	FATHER'S NAME AMOS R. SMITH		14. MOTHER'S MAIDEN	NAME THOMPSON	
earn endin mit.		15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service)		NFORMANT	SPITAL, CUM	
inat the in. by the at ansit per anatian rematian			18. CAUSE OF DEATH (Enter only ane cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		The	ubosis	INTERVAL BETWEEN ONSET AND DEATH
0 1 7			Conditions, if any, which gave rise ta immediate couse (o), stating the underlying cause last.	crowny	artery	disease	9-10-67
r attence has be use as	-)	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
spital a ertificat eed for t. af Hec			20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.)	
this this deto		MEDICAL	Haur o.m. Whi		CE OF INJURY (Home, far ory, street, affice bldg., etc		(County) (State)
R. A			21. I certify that (I) (this haspital) atte saw the deceased alive an	nded the deceased fram	death accurred at	6:0 NO frAMauses	7, 19 6, That (I) (we) la and an the date stated abav
ed ed			22a. SIGNATURE 22c. PHYSICIAN'S	William M.C		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 8-22-67
4 may NERAL tar, pa	1	02	NAME (Type) DR. W. F. WI	LLIAMS	122 S.		CUMBERLAND, MI
	0	-	1. BURIAL, (REMATION, REMOVAL (Specify) 1. FUNERAL DIRECTOR 23b. Date Thereof 8-21-67	23c. NAME OF CEMETERY OR TO O. F. Cem	eterv	23d. LOCATION (City or Ton	wn) (County) (State) Allegany, Md. GISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10402

10402 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY ely filled in by the fundant ban papers. Pages 1 c within 72 haurs after d MARYLAND ALLEGANY b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If ourside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) II HOURS 104 GLEASON STREET, CUMBERLAND, MD CUMBERLAND. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? SACRED HEART HOSPITAL 104 GLEASON STREET YES NO X 3. NAME OF Middle 4. DATE Last Manth Year Mary Day DECEASED 1967 event SNEATHEN AWGUST (Type or print) BABY DEATH Reth GIRI 9. AGE (In years S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Days WIDOWED DIVORCED AUG. 16, 1967 FEMALE WHITE 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY U. S.A during mast of warking life, even if retired) INDUSTRY CUMBERLAND, MD. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, ar remaval, MARGARET (FINN) SNEATHEN BRUCE SNEATHEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) I(If yes give war ar dates of service) 900 SETON DRIVE NONE HOSPITAL RECORD -18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUF TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? of Health NO 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) 20c. TIME OF INJURY Month, Day, Year (Caunty) (State) Nat While factory, street, affice bldg., etc.) at wark at wark 21. I certify that (!) (this haspital) attended the deceased fram_ . 19 , 19___, that (1) (we) last , ta saw the deceased alive an_ _____19 ____ and that death accurred at___ M, from causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ROBERT D 500 GREENE STREET, CUMBERLAND. **BRODEL1** 23b. DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 23d. LOCATION (City or Town) (County) (State) BEMOVAL (Specify) Aug. 18, 1967 Cumberland, Md. Allegany St. Mary's Cemetery 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTEND Page 4 may be retained directar, page shauld be filed FUNERAL 2 VR A15 (4) 25M 1/67

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James F. Scarpelli, Cumberland, Md.

requires that the death certificate be executed within 24 haurs after death

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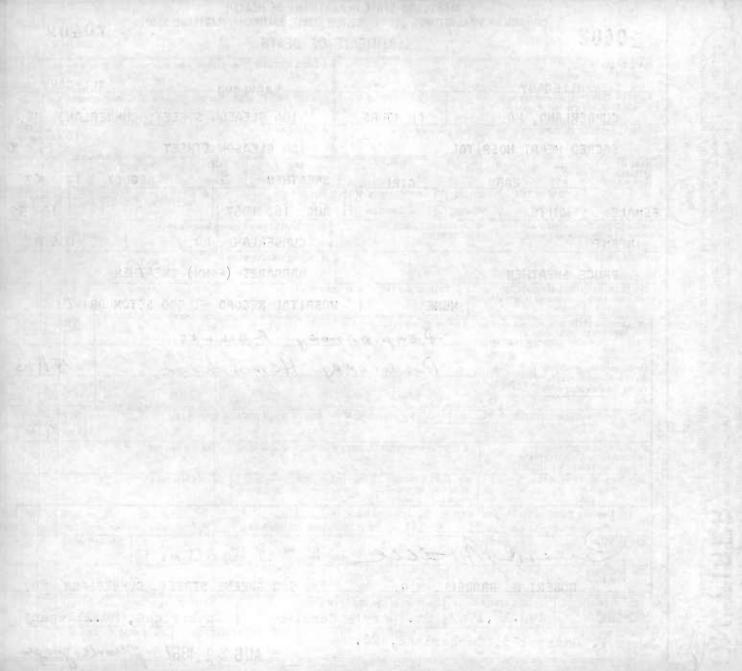
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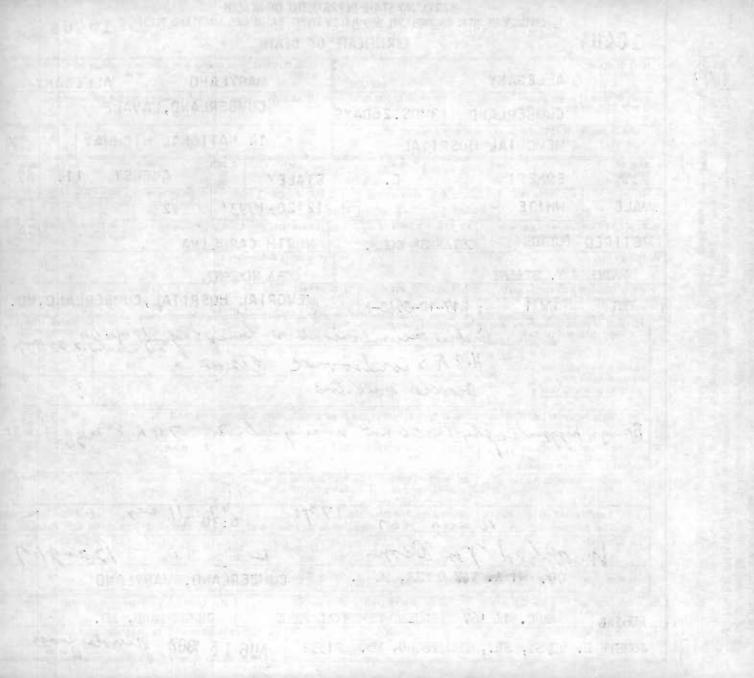
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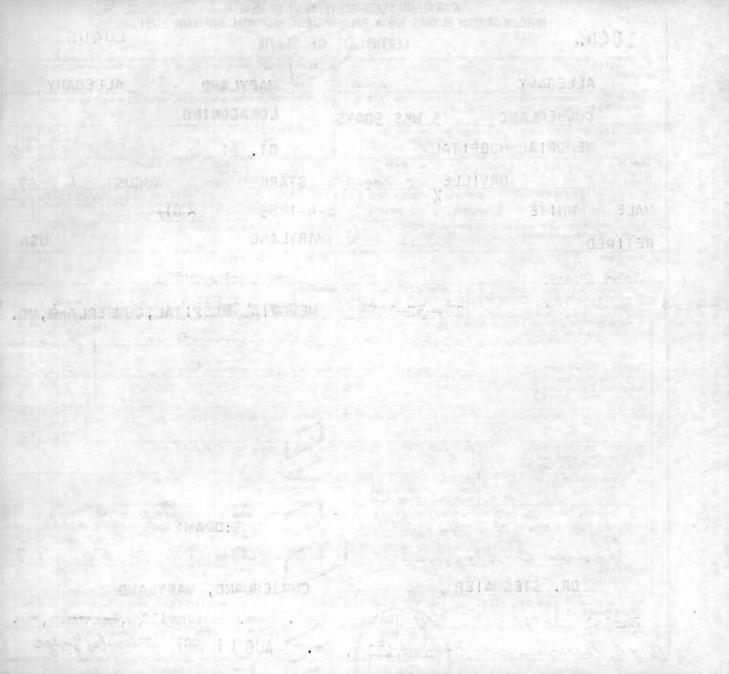
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2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission WEST/ NA/BGVNYA COUNTY Legany c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) RT. 3, KEYSER, WEST VA. e. IS RESIDENCE ON A FARM? YES NO Year AUGU 67 IF UNDER 1 YEAR IF UNDER 24 HRS 12. CITIZEN OF WHAT COUNTRY? U.S.A. J. HAINES Address CUMBERLAND, MD. INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? (County) (State) TO FUNERAL DIRECTOR: After 19____, that (1) (we) las M, fram causes and an the date stated above 22b. DATE SIGNED directar, page should be filed TO HOSPITAL 23d. LOCATION (City or Town) (County) (Stote) 8/23/67 Cumberland Allegany Maryland Sunset Memorial Park 250. REC'D BY REGISTRAR AUG 2 4 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 25M 1/67 H. Lee Silcox Cumberland, Maryland 21502

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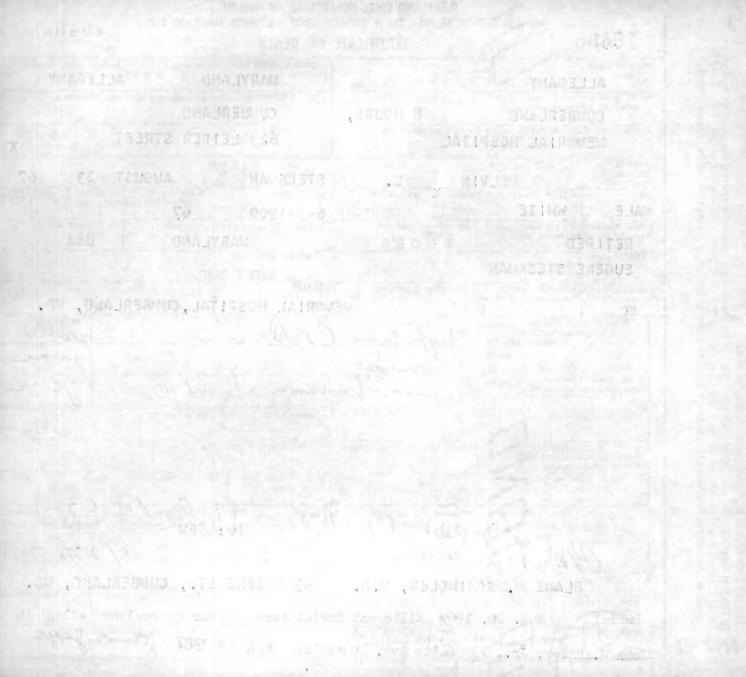




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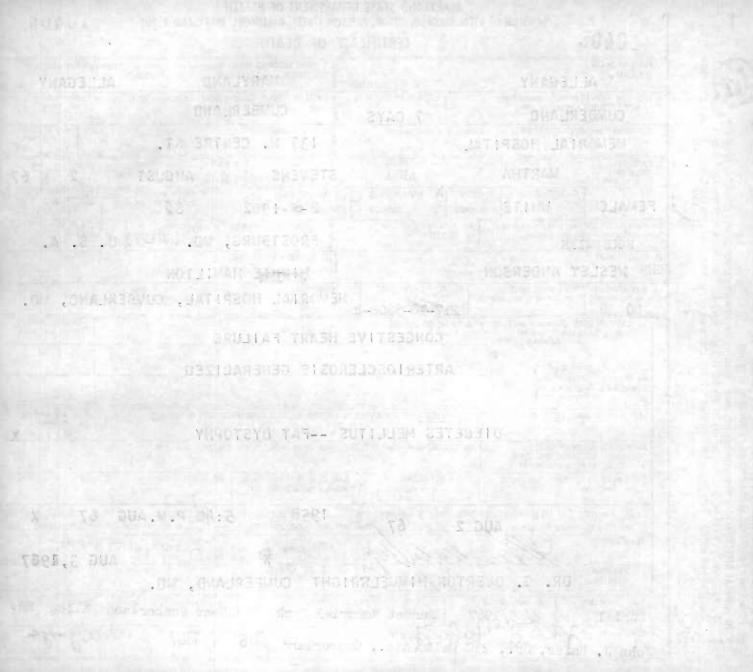
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1.	PLACE OF DEATH					2. USUAL RESIDENCE (\	Where deceased liv	ed, if institution	n: Residence b	efore odmiss	ion)
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		AL OR INSTITUTION (If n	ot in hospital o		,					e. IS RESI	DENCE
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	(Type of print)	ME	LVIN	L.		STECKMAN	OF DEATH	AUGUS	ST 23	19	67
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du	ring most of working	lite even if retired)	4	DUSTRY B & O R R		1	MARYLAN	D	COUNT	ŠÁ	
	B. FATHER'S NAME					14. MOTHER'S MAIDEN 1			1		
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()		(If yes give wor or dotes	of service)		ME	MORIAL HOS	SPITAL,	CHMREE	NA IS	MD.	
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		TH WAS CAUSED BY:	0/	Tan Constitution	61	or hus	-		4	ONSET AND	
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CERTIFICATION	OR CONTRIBUTING	☐ CAUSE OF DEATH	20b. DE	SCRIBE HOM INJURY OCCU	JRRED. (Enter noture of injury in	Part I or Part II of	item [8.)			
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		eceased alive an	my 1	196 , an	d that	deater accurred at	10:45P19	n causes ar			d above
	220. SIGNATURE	Ω_{α}	1	11.		ATTENDING	MED.	STAFF .	22b DATES	IGNED/	2
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	22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS	UF OT	CHIADI	EDI ANI	2 140	
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2	24. FUNERAL DIRECTO	R John	7.4	ADDRESS	R		BY REGISTRAR		STRAR'S SIGN	TURE	
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Balto Ave., Cumberland DAIF

24. FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10409 CERTIFICATE OF DEATH 10409 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE MARYLAND b. COUNTY ALLEGANY ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURAL and Give EREST AND 5 DAYS CUMBERLAND. MD. iffed in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? VES NO d. STREET ADDRESS filled 211 FIFTH ST. MEMORIAL HOSPITAL YES 3. NAME OF Middle Lost 4. DATE Month carban × DECEASED STEVENSON 28 JOHN AUG (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. lost Birthday) Months Dovs WHITE 11-11-03 MALE and in any WIDOWED DIVORCED physician and c 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) Trackman Rallroad COUNTRY? SCOTLAND-Troon Anyshi 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remova GAVIN STEVENSON AGNES 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) CUMBERLAND, MD. MEMORIAL HOSPITAL 05-09-9908 crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per tine for (o), (b) and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO burial, Conditions, if ony, which gove rise to immediate couse (o), r this certificate has been si detached far use as the bi te Dept. af Health priar ta bi DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) State Dept. af Health 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) Hour o.m. foctory, street, office bldg., etc.) 21. I certify that (1) (this haspital) attended the deceased fram saw the deceased alive an

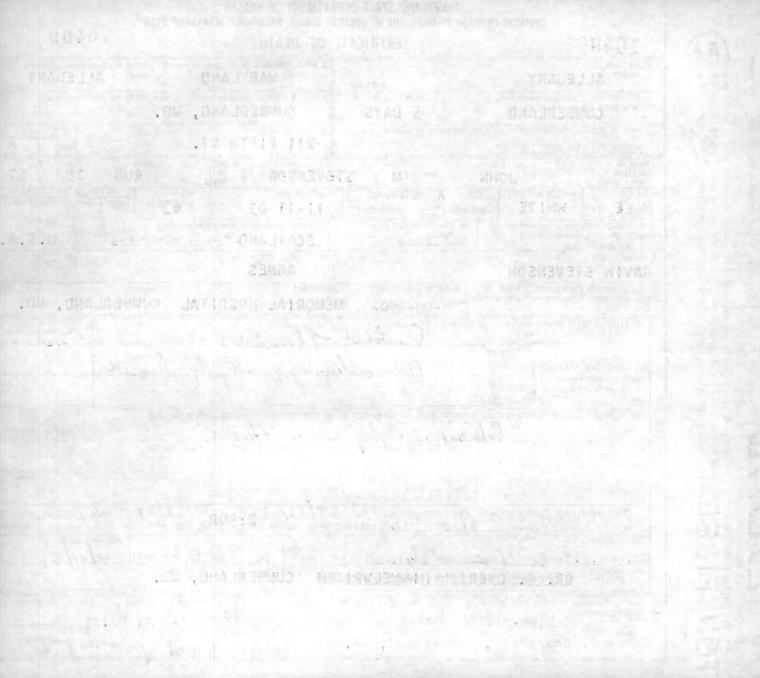
NO

U.S.A.

Hours

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19. WAS AUTOPS PERFORMED? NO (Stote) 19 62, and that death accurred at 50PM. 1967 that (1) (we) last M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF ATTENDING ar. Wm.P. Iames M.D. PHYS CUMBERLAND, MD. 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOYAL (Specify) Cumberland, Md. All 2 Restlawn Memorial 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md. Municipales



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the tradictor, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremotion, or removol, and in any event, within 72 hours after

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1.	PLACE OF DEATH		- CTATE	Where deceased lived, if institutio	· · · · · · · · · · · · · · · · · · ·
	ALLEGANY	MARYLAND	PENN	ISYL VANIA B. COUNT	BEDFORD
	b. CITY OR TOWN (If autside corporate limits,	c. LENGTH OF STAY IN 1b		utside corporote limits, write RURA	L and give nearest tawn)
	CUMBERLAND	21 DAYS	HYNI	NAMO	75-3
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in	haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	MEMORIAL HOSPITA	AL			YES NO X
3.	NAME OF DECEASED (Type ar print)	Middle	TAYLOR	4. DATE OF AUGUS	T 8 19 Year 67
	FEMALE WHITE W	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	1 1 1 1 1	Manths Days Hours Min.
du	la. USUAL OCCUPATION (Give kind af wark dane vring most of working life, even if retired) HOUSENTER	10b. KIND OF BUSINESS OR INDUSTRY	, , , ,	& State, ar fareign cauntry) /LAND	12. CITIZEN OF WHAT U. COUNTRY?
13	3. FATHER'S NAME		14. MOTHER'S MAIDEN		
	CHARLES W. CONR.		MARGAF	RET SMITH	
15	S. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknawn) (If yes give war or dates af sen	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
1,	(if yes give was or dates at ser	213-09-6607B M	EMORIAL HO	SPITAL, CUME	BERLAND, MD.
	1B. CAUSE OF DEATH (Enter only one cause pe	er line far (a), (b), and (c).)			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTRACTABLE HE	ART FAILU	RE	ONSET ON A SEASTH
	4201 DUE TO				
	Conditions, if any, which gave) (b)	ANTERO-SEPTAL M	YOCARDIAL	INFARCTION	3 WEEKS
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	last. (c) _	ARTERIOSCLERO	TIC CARDI	O-VASCULAR B	ISFASE YEARS
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR				19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II af item 1B.)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur o.m. p.m. 19		ACE OF INJURY (Hame, farm tary, street, affice bldg., etc.		(County) (State)
	21. I certify that (I) (this bospital saw the deceased alive on AU		JULY 67	9:37 P. M. AUG M, fram causes a	8 19_67that (I) (Xe) land an the date stated above
	22a. SIGNATURE	M. M.	D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 8-10-67
	22c. PHYSTCIAN'S NAME (TypeDR. G. OVER	TON HIMMELWRIGH	22d. ADDRESS	RLAND, MD.	000001
23 E	Bur Aut (Specify) Bur Aut (Specify) AUG • 11,		AL PARK	FROSTBURG,	MD.
2	4. FUNERAL DIRECTOR JOSEPH R. DURST, SR.	, FROSTBURG, MD. 2	1532 2Sa. REC'I	1 4 1967 25900G	STRARG SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISIO	N OF STATIST	ICAL RES	SEARCH AND RECORD			r, BALTIMOR	E 1, MAR	YLAND	
	1041			CERTIFICAT	E OF DEATH			10	411	1
1.	PLACE OF DEATI a. COUNTY	Allegany		MARYLAND	2. USUAL RESIDENCE a. STATE Per	E (Where dece	ased lived, if insti b. COUNT			admission)
	b. CITY OR TDW write RURAL	N (If outside corpo and give nearest t Land	ate ilmits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corp	orate limits, writ	e RURAL and	give near	est town)
				6 hrs.	Rockwood	d, Ruro	il	75.	3	
		al Hospit		n hospital, give street address	d. STREET ADDRESS Rt. # 1				e. IS RE ON A YES	FARM?
3.	NAME DF DECEASED		First	Middle	Last	4. DATE	Month	D		ear
	(Type or print)		tty	Darlene	Trice	OF DEATH	August	24.	19	67
	sex Female	6. COLOR OR RAC White	7. MARRI		8. DATE OF BIRTH Aug. 23, 190		AGE (In years I iast birthday)	Onths Day	AR IF UND	
10a dur	NONE, LA	ng life, even if reti	kdone 10b	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Co		or foreign country)	U. S	TRY?	AT .
13.	FATHER'S NAM	E		HORE	14. MDTHER'S MAID		Luna	u, J	. n.	
	Robert	D. Trice			Betty J.	Riter	our			
		VER IN U.S. ARMED		6. SOCIAL SECURITY NO. 17.	INFORMANT		Address		-	
(16	No.	(If yes give war or date	or service)	None M	r. Robert D.	Trice.	Rt. # 1	Rockw	ond.	Ponne
	18. CAUSE DF	DEATH [Enter only	ne cause pe	r line for (a), (b), and (c).]			1	LIN	TERVAL B	ETWEEN
	PART I. DE	ATH WAS CAUSED I	BY: F (a)	Polmono.	vu her	MUV	Wege	0	NSET AND	DEATH
В	7713	para .	E TO	ก.	111				1 1	, ,
	Conditions, if	any, which }	(b)	Phemai	wity				co u	rs.
	gave rise to cause (a), st underlying caus	ating the DL	E TO							
NO			(c) IONS CDNTRI	BUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL D	ISEASE COND	ITION GIVEN IN PA	ART1(a) 1	9. WAS A	UTOPSY
CAT									YES T	RMED?
CERTIFICATION	20a. ACCIDENT DR CDNTRIBUTI (IF EITHER, NOT	WAS UNDERLYING NG	ATH INER)	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of	injury in Par	t i or Part ii of	item 18.)		A
MEDICAL	20c. TIME OF I Hour a.m		Whi		ACE OF INJURY (Home, fai ory, street, office bldg., et	rm, 20f. (0	City or town)	(County)		(State)
	21. I certife	that (I) (this ho	spital) atter	nded the deceased from	. 19	to	7 17 17 17	. 19	that (I)	(we) last
		eased alive on_			at death occurred at2					
	22a. SIGNATUR	ellech	Oh	value .	D. PHYS.	A.M. MED. DIRECTOR	STAFF	22b. DATE 8/24		
	22c. PHYSICIA NAME (Ty		6. Bro	dell, M. D.	22d. ADDRESS	ne St.	Cumberla	nd, Nd	•	
23a	REMOVAL (Spe	ATION, 23b. DATI	THEREOF	23c. NAME OF CEMETER			CATION (City, tow			State)
	Burial	8/25	67	Mount Calvar	y Cemetery	nr. C	onnells v.	ille,	Penn	a.
24	. FUNERAL DIRE		0. 1	ADDRESS	25a. REC	D BY REGIS	1967 850. REG	ISTRAR'S SI	GNATURE	se.
	n. way	ne beorge	Cumbe	rland, Maryland	d DATEAU	6 4 0	1001	,,,,	00	1

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and Property. 2525000 Light Series Chita. Rocariol, Burnt 1 4 .13 Memorican Both and Parkeys Turne August 24 \$1000 Sheet -- tiet . E3 . Dan . C5 House, the ere ... None ... Such a seried, thoughtened to the to Januari Maria I, 185 sa More and the Release W. Tates, Mt. 5 & Madelson L. Series Series Calvane Courses , un. Commission Commission H. The Color Combination of State of the Sta

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10412 CERTIFICATE OF DEATH 10412 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) The law requires that the death certificate be executed within 24 hours after de a. COUNTYALLEGANY b. COUNTY ALLEGANY O. STATEMARY! AND MARYLAND b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) RURAL CARBOTTER COLOCIATORIN) 1MO-20 DA-CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street address)

MEMORIAL HOSPITAL d. STREET ADDRESS ON A FARM? 514 SHERIDAN PLACE NAME OF Middle JOHN corbon TROST 4. DATE Manth Day Year FOWARD ond completely DECEASED AUGUST 1967 (Type or print) DEATH 7. MARRIED XX SEX 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS remove eV last pirthday) Manths 12-25-1917 Hours WHITE MALE WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT INDUSTRY CUMB. COUNTRY CUMBERLAND. MD. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal EFFIE HARDEN JOHN J TROST 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address (Yes, na, ar unknawn) (If yes give war ar dates af service) MEMORIAL HOSPITAL, CUMBERLAND. MD. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH buriol-transit IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gove rise ta immediate cause (a), DUE TO stating the underlying cause certificate has been (c) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) NO OR ATTENDING PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or tawn) (Stote) 20c. TIME OF INJURY Manth. Dov. Year (County) Hour o.m. foctory, street, affice bldg., etc.) Nat While ot work ot work **DIRECTOR:** After 21. I certify that (1) (this hospital) attended the deceased from 19 67, to. 412, 1962, that (1) (we) las 1967, and that death accurred at 10:40 PMm causes and an the date stated above saw the deceased alive an_ 22a, SIGNATURE ATTENDING STAFF DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN TO FUNERAL KWRKSHY.MD. director, should by 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Sunset Memorial Park Cumberland, Md. Allegany 2Sb. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR James F. Scarpelli, Cumberland, Md. VR A15 (4) 25M 1/67

ALLEGRIN CHRESTIAN CHRESTIAN CROSSIAN TRIST TR	CHRESTAND EVOLUL HOSTIAL 18/51 JOHN EQUARD ANGLE VALUE FIRE INSPECTOR OITY CAMB. SET LE HARBER JOHN J. 18051 121, OURBERLAND, NO. JOHN J. 18051 LOS HONDAL HOSDITZE, OURBERLAND, NO. JOHN J. 18051 JOHN J. 18051 LOS HONDAL HOSDITZE, OURBERLAND, NO. LOS HONDAL HOSDIT				31901
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FIRSTINGS OF THE MARKEN CHIEF HARREN WE ARE WELLED AND AND AND AND AND AND AND AND AND AN	EIRECTREPENTOR CATY CAME. COMMENDE. NO. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	et leunie	BHANGS		
FIRST INCOME. CHISGRIAND. NO. WEAL AND	EIRECTREPERTOR CATY CAMB. COMBERLAND. NO. 10. USA JOHN J. KROST JOHN J. KROST JOHN J. KROST JOHN J. KROST IRV, CHABERGARD, AND JOHN J. KROST IRV, CHABERGARD		n VICI-28-21		TALE WHITE
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10414

CERTIFICATE OF DEATH

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1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed live		ice before odmission)
o. COUNTY ALLEGANY	MARYLAND	O. STATE MARYLAND	b. COUNTY	LLEGANY
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limi	ts, write RURAL and give	e nearest town)
write RURAL and give negrest town)	19 DAYS 7	HRS CUMBERLANI)	01.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit		d. STREET ADDRESS		e IS RESIDENCE
MEMORIAL HOSPIT	AL	712 LINC	DLAN STRE	ET YES NO
NAME OF First	Middle	Lost 4. DATE	Month	Doy Yeor
(Type or print) GERTRU	DE BLANCHE	WILSON OF DEATH	AUGUST	30 19 67
FEMALE 6. COLOR OF PACE VIDOW		8. DATE OF BIRTH 9. AGE lost	(In yeors irthday) Months	Doys Hours Min.
o. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired) OUSEKEEPER— AT HOME	b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign co		TIZEN OF WHAT
. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
COLUMBUS JOHN	SON	JOSEPHINE MC	COY	
S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dotes of service) No		MORIAL HOSPITAL,	CUMBERLA	ND, MD.
18. CAUSE OF DEATH (Enter only one couse per line		-10		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	accuous	ea of valere	04	ONSET AND DEATH
15 1 X DUE TO				1 mouth
Conditions, if ony, which gove rise to immediate couse (a),				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
stating the underlying couse DUE TO				
lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN P	ART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of	item 18.)	
Hour o.m.		CE OF INJURY (Home, form, 20f. (City tory, street, office bldg., etc.)	or town) (Con	unty) (Stote)
21. I certify that (I) (this haspital) att	tended the deceased fram_	8-10-19 6/to	8,501,196	2 /that (I) (we) las
saw the deceased alive an	291 1967, and tha	t death accurred at 2:10 A Mar		he date stated above
220. SIGNATURE	ellians M.		STAFF 22b. D/	SO. 67
22c. PHYSICIAN'S		22d. ADDRESS	А	, MD
NAME (Type) DR W F WI	LLIAMS	122 SOUTH CENT	RE ST., CU	MBERLAND,
BO. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY . 23d. LOCATION	(City or Town)	(County) (Stote)
REMOVAL (Specify) 9/2/67	Hillcrest Bu	rial Park Cumber	land Alleg	any Maryland
24. FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY REGISTRAR	2Sb. REGISTRAR'S S	SIGNATURE
H Lee Silcoy Cumberlar	nd Marriand 2150	DEP 1 1967	geliarles	Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond completely filled in by the funeral director, page 3 should be detached for use os the burial-transit permit. Then please remove corbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in only eyent, within 72 hours offer accept VR A15 (4) 25M 1/67

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		COMBERLAND 19 BAYS
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MARYLAND STATE DEPARTMENT OF HEALTH

